

4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT

*Call to confirm receiving * PLEASE PRINT IN BLOCK LETTERS



250-833-8188 * Please call to confirm * Amendment #

CANDIDATE'S FULL NAME Debbie Lynn Cannon		GENERAL VOTING DAY (YYYY/MM/DD) 2014/11/15
BALLOT NAME (IF DIFFERENT FROM ABOVE)		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) MAYOR
MAILING ADDRESS 11-2nd St SE		PHONE NO. 250 833 8188
CITY/TOWN Salmon Arm B.C	POSTAL CODE V1E 1G8	EMAIL (IF AVAILABLE) dandb_cannon@hotmail.com
JURISDICTION		
ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELECTORAL AREA (IF APPLICABLE)		
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)		
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)		

FINANCIAL AGENT'S LAST NAME CANNON	FIRST NAME Debbie	MIDDLE NAME Lynn
FINANCIAL AGENT'S MAILING ADDRESS 11-2nd St SE Salmon Arm		PHONE NO. 250-833-8188
CITY/TOWN Salmon Arm	POSTAL CODE V1E 1G8	EMAIL (IF AVAILABLE)
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD) 2014/10/19	If there were previous financial agents, complete form 4236.	

Tick if candidate was registered as a third party sponsor Tick if candidate acted as a campaign organizer

This disclosure statement includes the following forms:

- Declarations and Campaign Accounts - Form 4221
- Statement of Income and Expenses - Form 4222
- Summary of Campaign Contributions by Class - Form 4223
- Significant Contributors (\$100 or more) - Form 4224
- Prohibited Campaign Contributions - Form 4225
- Transfers Received from Elector Organization - Form 4226
- Other Permissible Deposits - Form 4227
- Fundraising Function Ticket Sales - Form 4228
- Summary of Election Expenses - Form 4229
- Transfers Given to Elector Organization - Form 4230
- Other Permissible Payments - Form 4231
- Shared Election Expense - Form 4232
- Transfers Between Candidate's Own Accounts - Form 4233
- Disbursement of Surplus Funds - Form 4234
- Free Advertising from Jurisdiction - Form 4235
- Previous Financial Agents - Form 4236

This form is available for public inspection. ORIGINAL -- ELECTIONS BC PLEASE KEEP A COPY FOR YOUR RECORDS

This information is collected to administer the Local Elections Campaign Financing Act. Questions? Contact: Privacy Officer, Elections BC 1-800-661-8003 PO Box 0276 Stn Prov Govt, Victoria BC V8W 0J8

LOCAL ELECTIONS CAMPAIGN FINANCING

(14/01)

4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE <i>Debbie Cannon</i>

Declaration:

I, the undersigned, declare that to the best of my knowledge and belief, this disclosure statement completely and accurately discloses the information required under the Local Elections Campaign Financing Act (LECPA).

SIGNATURE OF CANDIDATE <i>[Signature]</i>	DATE: (YYYY/MM/DD) <i>2015/01/27</i>
PRINTED NAME OF CANDIDATE <i>Debbie Cannon</i>	

SIGNATURE OF FINANCIAL AGENT <i>[Signature]</i>	DATE: (YYYY/MM/DD) <i>2015/01/27</i>
PRINTED NAME OF FINANCIAL AGENT <i>Debbie Cannon</i>	

Campaign accounts:

NAME OF SAVINGS INSTITUTION <i>SASCU Credit Union</i>
ADDRESS <i>370 Lakeshore Dr. NE Salmon Arm B.C.</i>

NAME OF SAVINGS INSTITUTION
ADDRESS

NAME OF SAVINGS INSTITUTION
ADDRESS

NAME OF SAVINGS INSTITUTION
ADDRESS

4222 - STATEMENT OF INCOME AND EXPENSES

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE

Debbie Lynn Cannon

Total value of campaign contributions from all sources (from box C on form 4223)

Transfers received from elector organization (from box A on form 4226)

Total other permissible deposits (from box A on form 4227)

Transfers from candidate's own accounts in other jurisdictions (from box A on form 4233)

Total Income (sum of above boxes) A

Election expenses (from box A on form 4229)

Transfers to elector organization (from box A on form 4230)

Total other permissible payments (from box A on form 4231)

Transfers to candidate's own accounts in other jurisdictions (from box B on form 4233)

Amount of surplus funds disbursed (from box A on form 4234)

Total Expenditures (sum of above boxes) B

4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE

Debbie LYNN Cannon

All Contributions

Individuals	2000.
Corporations	3350.
Unincorporated Business/Commercial Organizations	—
Trade Unions	—
Non-profit Organizations	—
Other Identifiable Contributors	—
Total	\$ 5350. A

Anonymous contributions \$ — B

Total contributions (A + B) \$ 5350 C

Total significant contributions (must equal box A on all forms 4224) \$ 5350

Total contributions of less than \$100 \$ 100

Number of contributors who gave less than \$100 # 2

Number of anonymous contributors # —

LOCAL ELECTIONS CAMPAIGN FINANCING

(14000)

4224 - SIGNIFICANT CONTRIBUTORS (\$100 OR MORE)

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE: Debbie Cannon PAGE 5 OF 7

Table with 5 columns: DATE OF CONTRIBUTION, FULL NAME OF CONTRIBUTOR, ADDRESS OF CONTRIBUTOR, CLASS, VALUE OF CONTRIBUTION. Rows include: 2014/10/22, Gord Erickson, 973 Lakeshore Dr., 2, 1000.; 2014/10/22, Bruce Cannon, 11-2nd St SE, 2, 500.-; 2014/11/01, Demilles, 3710-10th Ave SW, 2, 500.-; 2014/11/13, Tekemar, 271 Ross St, 2, 200.-; 2014/11/13, SC Fin. Investments INC., 100-700 Applewood Cres, 2, 1000.-; 2014/11/14, Toliver Advertising, Box 1183, 2, 150.-; 12/1/14, [Redacted], 1, 2000.

IF NEEDED, ATTACH ADDITIONAL FORMS. CLASS OF CONTRIBUTOR: 1- INDIVIDUAL, 2- CORPORATION, 3- UNINCORPORATED BUSINESS/COMMERCIAL ORGANIZATION, 4- TRADE UNION, 5- NON-PROFIT ORGANIZATION, 6- OTHER IDENTIFIABLE CONTRIBUTOR. TOTAL CONTRIBUTIONS A 5350

4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE <div style="font-size: 1.2em; font-family: cursive;">Debbie Lynn Cannon</div>	PAGE 6 OF 7
INSTRUCTIONS: Complete one sheet for each prohibited campaign contribution received. Attach additional forms if necessary.	

RECEIVED FROM	DATE RECEIVED (YYYY/MM/DD)	\$ VALUE	DATE RETURNED (YYYY/MM/DD)	OR	DATE RETURNED TO ELECTIONS BC (YYYY/MM/DD)						
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ORGANIZATION <input type="checkbox"/> ANONYMOUS		N/A									
DESCRIPTION OF HOW THE PROHIBITED CONTRIBUTION WAS RECEIVED Complete this field if the prohibited campaign contribution was received from an individual: NAME OF INDIVIDUAL Complete these fields if the prohibited campaign contribution was received from an organization: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%; padding: 2px;">NAME OF ORGANIZATION</td> <td style="width:30%; padding: 2px;">CLASS*</td> </tr> <tr> <td colspan="2" style="padding: 2px;">MAILING ADDRESS</td> </tr> <tr> <td style="width:50%; padding: 2px;">NAME OF DIRECTOR</td> <td style="width:50%; padding: 2px;">NAME OF DIRECTOR</td> </tr> </table>						NAME OF ORGANIZATION	CLASS*	MAILING ADDRESS		NAME OF DIRECTOR	NAME OF DIRECTOR
NAME OF ORGANIZATION	CLASS*										
MAILING ADDRESS											
NAME OF DIRECTOR	NAME OF DIRECTOR										

* CLASSES OF CONTRIBUTORS:
 1 - INDIVIDUAL, 2 - CORPORATION, 3 - UNINCORPORATED BUSINESS/COMMERCIAL ORGANIZATION,
 4 - TRADE UNION, 5 - NON-PROFIT ORGANIZATION, 6 - OTHER

4226 - TRANSFERS RECEIVED FROM ELECTOR ORGANIZATION

LOCAL ELECTIONS CANDIDATE

PLEASE PRINT IN BLOCK LETTERS



NAME OF CANDIDATE: Debbie Lynn Cameron PAGE 7 OF 17

Table with 4 columns: DATE OF TRANSFER (YYYY/MM/DD), BALLOT NAME OF ELECTOR ORGANIZATION, DESCRIPTION (IF NON-MONETARY), VALUE OF TRANSFER. One entry with 'N/A' in the second column.

*Also include legal name if different than ballot name.

TOTAL A

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4227 - OTHER PERMISSIBLE DEPOSITS TO CAMPAIGN ACCOUNT

LOCAL ELECTIONS CANDIDATE

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NAME OF CANDIDATE: Debbie Lynn Cannon PAGE 8 OF 17

Table with columns: DATE (YYYY/MM/DD), TYPE*, DESCRIPTION, AMOUNT. Includes a 'TOTAL A' label at the bottom right of the table area.

*TYPE: I - Interest, D - Dividends of shares held by credit union, B - Surplus funds from previous election returned by jurisdiction, F - Fundraising income not reported as a campaign contribution, O - Other (describe)

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LOCAL ELECTIONS CAMPAIGN FINANCING

(1/1/11)

4228 - FUNDRAISING FUNCTION TICKET SALES

LOCAL ELECTIONS CANDIDATE

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SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD

NAME OF CANDIDATE <i>Debbie Lynn Cannon</i>		PAGE OF
		<i>9</i> <i>17</i>
DATE OF EVENT (YYYY/MM/DD)	DESCRIPTION OF FUNDRAISING EVENT <i>N/A</i>	

Income reported as campaign contributions

	Number of Tickets Sold	Charge per Ticket	Total Charges Collected	Tick If Charge per Ticket Varies
Purchases by organizations				
Purchases by individuals of more than \$250 worth of tickets				
Purchases by individuals of tickets that are more than \$50 each				
Total income reported as campaign contributions				

Remember to report all campaign contributions on form 4223 - Summary of Campaign Contributions by Class, and if applicable, on form 4224 - Significant Contributors (\$100 or more).

Other income not reported as campaign contributions

	Number of Tickets Sold	Charge per Ticket	Total Charges Collected	Tick If Charge per Ticket Varies
Purchases by individuals of tickets of \$50 or less				

4229 - SUMMARY OF ELECTION EXPENSES

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE

	Column A Election Expenses	Column B Election Proceedings Period Expenses
ADVERTISING		
Brochures, pamphlets and flyers	959.56	959.56
Internet	133.52	133.52
Newspaper, magazine, journal	163.80	163.80
Radio		
Signs and billboards	3264.42	3264.42
Television		
Other advertising	687.31	687.31
CAMPAIGN ADMINISTRATION		
Salaries and wages		
Rent, insurance and utilities	150.-	150.-
Courier and postage		
Furniture and equipment		
Office supplies		
Professional services	441.-	441.-
Other campaign administration expenses		
Conventions and meetings		
Other campaign related functions		
Research and polling		
Interest		
EXCLUSIONS THAT MUST BE REPORTED		
Personal election expenses		
Interest on loans for election expenses		
Legal and accounting services		
Financial agent services		
Other expenses (describe)		
Total Expenses	A 5799.61	B 5799.61

Column A - Report the value of all election expenses for goods and services used in the campaign period. The campaign period is from January 1, 2014 to November 10, 2014.

Column B - Report the value of all election expenses for goods and services used in the election proceedings period. The election proceedings period is from September 30, 2014 to November 10, 2014.

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Questions? Contact: Privacy Officer, Elections BC
1-800-661-8083 PO Box 6275 Stn Prov Govt, Victoria BC V8W 0J6

LOCAL ELECTIONS CAMPAIGN FINANCING (14/00)

4230 - TRANSFERS GIVEN TO ELECTOR ORGANIZATION LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE: Debbie Lynn Cannon PAGE 10 OF 17

Table with 4 columns: DATE OF TRANSFER (YYYY/MM/DD), BALLOT NAME OF ELECTOR ORGANIZATION*, DESCRIPTION (IF NON-MONETARY), VALUE OF TRANSFER. Row 1 contains 'N/A' in the second column.

*Also include legal name if different than ballot name.

TOTAL A

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LOCAL ELECTIONS CAMPAIGN FINANCING (14/09)

4231 - OTHER PERMISSIBLE PAYMENTS FROM CAMPAIGN ACCOUNT LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE: Debbie Lynn Cannon Page 11 of 17

Table with columns: DATE (YYYY/MM/DD), TYPE, DESCRIPTION, AMOUNT. Contains one entry 'N/A' and a 'TOTAL A' at the bottom right.

- *TYPE: B Bank loan, E Unrelated election expense that was not used, F Payments made for fundraising purposes, N Nomination deposit, O Other (describe)

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4232 - SHARED ELECTION EXPENSE

LOCAL ELECTIONS CANDIDATE

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SUBMIT A SEPARATE FORM FOR EACH SHARED ELECTION EXPENSE

NAME OF CANDIDATE:

Debbie Lynn Cannon

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OF 17

DESCRIPTION OF SHARED EXPENSE

N/A

Total value of shared election expense

Candidate's portion of shared election expense*

Amount paid directly to supplier (if applicable)

Amount of reimbursements given to other candidate(s)

Amount of reimbursements received from other candidates

*Note: Remember to include your portion of the shared expense as an election expense on form 4229 - Summary of Election Expenses.

Full names of other candidates with whom the expense was shared:

LAST NAME	FIRST NAME	MIDDLE NAME

4233 - TRANSFERS BETWEEN CANDIDATE'S OWN CAMPAIGN ACCOUNTS LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE:

Debbie L Cannon

PAGE 13 OF 17

Transfers between candidate's own campaign accounts in same jurisdiction

Table with 2 columns: PURPOSE, AMOUNT. Handwritten 'N/A' in the first row.

Transfers from candidate's own campaign accounts in other jurisdictions

Table with 3 columns: DATE OF TRANSFER (YYYY/MM/DD), PURPOSE (INCLUDE NAME OF OTHER JURISDICTION), AMOUNT. Includes a TOTAL A row.

Transfers to candidate's own campaign accounts in other jurisdictions

Table with 3 columns: DATE OF TRANSFER (YYYY/MM/DD), PURPOSE (INCLUDE NAME OF OTHER JURISDICTION), AMOUNT. Includes a TOTAL B row.

The amounts in boxes A and B must be carried forward to form 4222.

4234 - DISBURSEMENT OF SURPLUS FUNDS

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE	<i>Debbie Lynn Cannon</i>		
Balance remaining in campaign account(s) after payment of all expenses	0		A
Total amount of campaign contributions from candidate	2000		B
Amount reimbursed to candidate from campaign account for the candidate's contributions to their campaign	0		C
Date of reimbursement to candidate (YYYY/MM/DD)	—		
Amount of remaining surplus funds (after any reimbursement under box C)	—		D
If the amount in Box D is \$500 or more, it must be paid to the jurisdiction in which the candidate ran for election. Provide the date of payment (YYYY/MM/DD).	—		N/A

If the amount in Box D is less than \$500 provide details of how it was disbursed.

DATE (YYYY/MM/DD)	DESCRIPTION	AMOUNT

4235 - FREE ADVERTISING FROM JURISDICTION LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE

Debbie Lynn Cannon

Free advertising provided by jurisdiction

DATE ADVERTISING WAS TRANSMITTED (YYYY/MM/DD)	JURISDICTION	MEANS OF TRANSMISSION (WEBSITE, FLYER, ETC.)

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1-800-661-8803 PO Box 9278 Stn Prov Govt, Victoria BC V8W 0J4

4236 - PREVIOUS FINANCIAL AGENTS
LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE <i>Debbie Lynn Cannon</i>		
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)		
FINANCIAL AGENT'S LAST NAME	FIRST NAME <i>N/A</i>	MIDDLE NAME
FINANCIAL AGENT MAILING ADDRESS		PHONE NO.
CITY/TOWN	POSTAL CODE	EMAIL (IF AVAILABLE)
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)		
FINANCIAL AGENT'S LAST NAME	FIRST NAME	MIDDLE NAME
FINANCIAL AGENT MAILING ADDRESS		PHONE NO.
CITY/TOWN	POSTAL CODE	EMAIL (IF AVAILABLE)
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)		
FINANCIAL AGENT'S LAST NAME	FIRST NAME	MIDDLE NAME
FINANCIAL AGENT MAILING ADDRESS		PHONE NO.
CITY/TOWN	POSTAL CODE	EMAIL (IF AVAILABLE)
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)		
FINANCIAL AGENT'S LAST NAME	FIRST NAME	MIDDLE NAME
FINANCIAL AGENT MAILING ADDRESS		PHONE NO.
CITY/TOWN	POSTAL CODE	EMAIL (IF AVAILABLE)

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