

**4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT**

**LOCAL ELECTIONS CANDIDATE**



PLEASE PRINT IN BLOCK LETTERS

Amendment # \_\_\_\_\_

CANDIDATE'S FULL NAME <b>MICHELE LOMBARDI</b>		GENERAL VOTING DAY (YYYY/MM/DD) <b>2014/11/15</b>
BALLOT NAME (IF DIFFERENT FROM ABOVE) <b>MIKE LOMBARDI</b>		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) <b>SCHOOL TRUSTEE</b>
MAILING ADDRESS <b>513 - 2268 REDBUD LANE</b>		PHONE NO. <b>604-306-6948</b>
CITY / TOWN <b>VANCOUVER</b>	POSTAL CODE <b>V6K 4S6</b>	EMAIL (IF AVAILABLE) <b>mikelombardi@telus.net</b>

JURISDICTION <b>SCHOOL DISTRICT 39</b>
ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELECTORAL AREA (IF APPLICABLE)
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE) <b>VISION VANCOUVER</b>
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE) <b>VISION VANCOUVER ELECTOR ASSOCIATION</b>

FINANCIAL AGENT'S LAST NAME <b>KANG</b>	FIRST NAME <b>OPREET</b>	MIDDLE NAME
FINANCIAL AGENT'S MAILING ADDRESS <b>4635 STATION MAIN</b>		PHONE NO. <b>604-568-6913</b>
CITY / TOWN <b>VANCOUVER</b>	POSTAL CODE <b>V6B 4A1</b>	EMAIL (IF AVAILABLE) <b>FINANCIAL.AGENT@VOTEVISION.</b>
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD) <b>2014/05/05</b>	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 <input checked="" type="checkbox"/>           | Summary of Election Expenses -- Form 4229 <input checked="" type="checkbox"/>               |
| Statement of Income and Expenses -- Form 4222 <input checked="" type="checkbox"/>             | Transfers Given to Elector Organization -- Form 4230 <input checked="" type="checkbox"/>    |
| Summary of Campaign Contributions by Class -- Form 4223 <input checked="" type="checkbox"/>   | Other Permissible Payments -- Form 4231 <input checked="" type="checkbox"/>                 |
| Significant Contributors (\$100 or more) -- Form 4224 <input checked="" type="checkbox"/>     | Shared Election Expense -- Form 4232 <input checked="" type="checkbox"/>                    |
| Prohibited Campaign Contributions -- Form 4225 <input checked="" type="checkbox"/>            | Transfers Between Candidate's Own Accounts -- Form 4233 <input checked="" type="checkbox"/> |
| Transfers Received from Elector Organization -- Form 4226 <input checked="" type="checkbox"/> | Disbursement of Surplus Funds -- Form 4234 <input checked="" type="checkbox"/>              |
| Other Permissible Deposits -- Form 4227 <input checked="" type="checkbox"/>                   | Free Advertising from Jurisdiction -- Form 4235 <input checked="" type="checkbox"/>         |
| Fundraising Function Ticket Sales -- Form 4228 <input checked="" type="checkbox"/>            | Previous Financial Agents -- Form 4236 <input checked="" type="checkbox"/>                  |

# 4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS

## LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE <b>MICHELE LOMBARDI</b>
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**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* (LECFA).

SIGNATURE OF CANDIDATE 	DATE: (YYYY/MM/DD) <b>2015/02/09</b>
PRINTED NAME OF CANDIDATE <b>Michele Lombardi</b>	

SIGNATURE OF FINANCIAL AGENT 	DATE: (YYYY/MM/DD) <b>2015/02/09</b>
PRINTED NAME OF FINANCIAL AGENT <b>Gpreet Kang</b>	

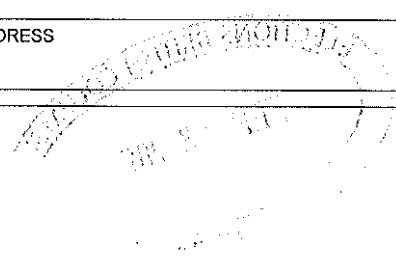
**Campaign accounts:**

NAME OF SAVINGS INSTITUTION <b>N/A</b>
ADDRESS

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  
 MICHELE LOMBARDI

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)

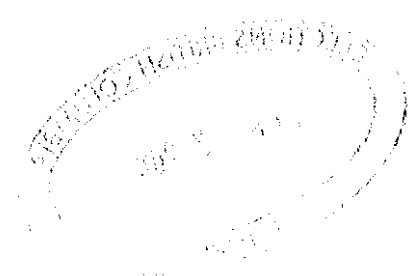
Transfers to elector organization (from box A on form 4230)

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  
MICHELE LOMBARDI

		All Contributions	
	Individuals		0.00
	Corporations		0.00
	Unincorporated Business/Commercial Organizations		0.00
	Trade Unions		0.00
	Non-profit Organizations		0.00
	Other Identifiable Contributors		0.00
	Total	\$	0.00 A

Anonymous contributions \$ 0.00 B

Total contributions (A + B) \$ 0.00 C

Total significant contributions (must equal box A on all forms 4224) \$ 0.00

Total contributions of less than \$100 \$ 0.00

Number of contributors who gave less than \$100 # 0

Number of anonymous contributors # 0

**4224 - SIGNIFICANT CONTRIBUTORS (\$100 OR MORE)**

**LOCAL ELECTIONS CANDIDATE**



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NAME OF CANDIDATE  
 MICHELE LOMBARDI

PAGE   
 OF

DATE OF CONTRIBUTION (YYYY/MM/DD)	FULL NAME OF CONTRIBUTOR (For class 2, 3, 4, 5 & 6, include full names of two directors)	ADDRESS OF CONTRIBUTOR (For class 2, 3, 4, 5 & 6 only)	CLASS*	VALUE OF CONTRIBUTION
TOTAL CONTRIBUTIONS A				0.00

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

# 4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS

## LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE <b>MICHELE LOMBARDI</b>	PAGE <b>1</b> OF <b>1</b>
<b>INSTRUCTIONS: Complete one sheet for each prohibited campaign contribution received.                  Attach additional forms if necessary.</b>	

RECEIVED FROM	DATE RECEIVED (YYYY/MM/DD)	\$ VALUE	DATE RETURNED (YYYY/MM/DD)	OR	DATE REMITTED TO ELECTIONS BC (YYYY/MM/DD)
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ORGANIZATION <input type="checkbox"/> ANONYMOUS					
DESCRIPTION OF HOW THE PROHIBITED CONTRIBUTION WAS RECEIVED					
<b>Complete this field if the prohibited campaign contribution was received from an individual:</b>					
NAME OF INDIVIDUAL					
<b>Complete these fields if the prohibited campaign contribution was received from an organization:</b>					
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



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NAME OF CANDIDATE <b>MICHELE LOMBARDI</b>
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PAGE <input type="text" value="1"/>
OF <input type="text" value="1"/>

DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER

\*Also include legal name if different than ballot name.

<b>TOTAL</b>	<b>A</b>	<b>0.00</b>
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**4227 - OTHER PERMISSIBLE DEPOSITS  
TO CAMPAIGN ACCOUNT  
LOCAL ELECTIONS CANDIDATE**



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE  
**MICHELE LOMBARDI**

PAGE   
OF

DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AMOUNT
<b>TOTAL</b>			<b>A 0.00</b>

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

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 Questions? Contact: **Privacy Officer, Elections BC**  
 1-800-661-8683 PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6



# 4228 - FUNDRAISING FUNCTION TICKET SALES

## LOCAL ELECTIONS CANDIDATE

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SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD



NAME OF CANDIDATE <b>MICHELE LOMBARDI</b>		PAGE <input style="width: 30px;" type="text" value="1"/>
		OF <input style="width: 30px;" type="text" value="1"/>
DATE OF EVENT (YYYY/MM/DD) <b>NA</b>	DESCRIPTION OF FUNDRAISING EVENT <b>NA</b>	

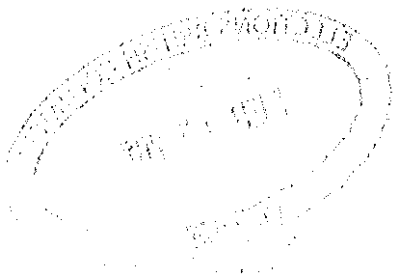
**Income reported as campaign contributions**

	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

MICHELE LOMBARDI

	Column A Election Expenses	Column B Election Proceedings Period Expenses
<b>ADVERTISING</b>		
Brochures, pamphlets and flyers		
Internet		
Newspaper, magazine, journal		
Radio		
Signs and billboards		
Television		
Other advertising		
<b>CAMPAIGN ADMINISTRATION</b>		
Salaries and wages		
Rent, insurance and utilities		
Courier and postage		
Furniture and equipment		
Office supplies		
Professional services		
Other campaign administration expenses		
Conventions and meetings		
Other campaign related functions		
Research and polling		
Interest		
<b>EXCLUSIONS THAT MUST BE REPORTED</b>		
Personal election expenses		
Interest on loans for election expenses		
Legal and accounting services		
Financial agent services		
Other expenses (describe)		
<b>Total Expenses</b>	A <span style="border: 1px solid black; padding: 2px 10px;">0.00</span>	B <span style="border: 1px solid black; padding: 2px 10px;">0.00</span>

**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 15, 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 15, 2014.

# 4230 - TRANSFERS GIVEN TO ELECTOR ORGANIZATION

## LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE <b>MICHELE LOMBARDI</b>	PAGE <input type="text" value="1"/>
	OF <input type="text" value="1"/>

DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER
		<b>TOTAL</b>	<b>A</b> <input type="text" value="0.00"/>

\*Also include legal name if different than ballot name.

# 4231 - OTHER PERMISSIBLE PAYMENTS FROM CAMPAIGN ACCOUNT LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE <b>MICHELE LOMBARDI</b>
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PAGE	<b>1</b>
OF	<b>1</b>

DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AMOUNT

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

<b>TOTAL</b>	<b>A</b>	<b>0.00</b>
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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  
MICHELE LOMBARDI

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OF 1

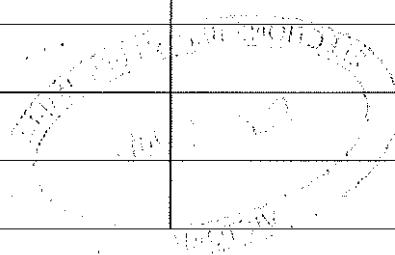
DESCRIPTION OF SHARED EXPENSE  
NA

Total value of shared election expense	<input type="text" value="0.00"/>
Candidate's portion of shared election expense*	<input type="text" value="0.00"/>
Amount paid directly to supplier (if applicable)	<input type="text" value="0.00"/>
Amount of reimbursements given to other candidate(s)	<input type="text" value="0.00"/>
Amount of reimbursements received from other candidates	<input type="text" value="0.00"/>

\*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  
MICHELE LOMBARDI

PAGE 1  
OF 1

**Transfers between candidate's own campaign accounts in same jurisdiction**

PURPOSE	AMOUNT

**Transfers from candidate's own campaign accounts in other jurisdictions**

DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)	AMOUNT
TOTAL		A 0.00

**Transfers to candidate's own campaign accounts in other jurisdictions**

DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)	AMOUNT
TOTAL		B 0.00

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  
 MICHELE LOMBARDI

Balance remaining in campaign account(s) after payment of all expenses  **A**

Total amount of campaign contributions from candidate  **B**

Amount reimbursed to candidate from campaign account for the candidate's contributions to their campaign  **C**

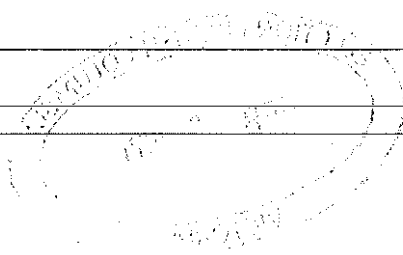
Date of reimbursement to candidate (YYYY/MM/DD)

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).

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**

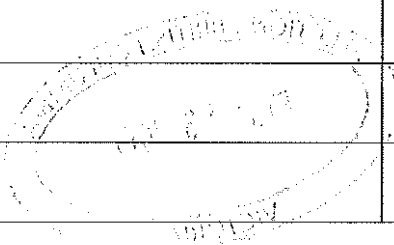


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NAME OF CANDIDATE MICHELE LOMBARDI
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**Free advertising provided by jurisdiction**

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



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**4236 - PREVIOUS FINANCIAL AGENTS  
LOCAL ELECTIONS CANDIDATE**



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NAME OF CANDIDATE <b>MICHELE LOMBARDI</b>			
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)
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)

