

4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT

LOCAL ELECTIONS CANDIDATE



ELECTIONS BC

A non-partisan Office of the Legislature

PLEASE PRINT IN BLOCK LETTERS

Amendment # _____

CANDIDATE'S FULL NAME <i>DUANE VANCE MACNEILL</i>		GENERAL VOTING DAY (YYYY/MM/DD) <i>2014/11/15</i>	
BALLOT NAME (IF DIFFERENT FROM ABOVE)		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) <i>COUNCIL</i>	
MAILING ADDRESS <i>487 SW MacRae</i>		PHONE NO. <i>778-350-6289</i>	
CITY / TOWN <i>Colwood BC</i>	POSTAL CODE <i>V9C 3E1</i>	EMAIL (IF AVAILABLE) <i>DUANE_MACNEILL@HOTMAIL.COM</i>	
JURISDICTION <i>Colwood</i>			
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 <i>Same As Above</i>		FIRST NAME <i>As Above</i>	
FINANCIAL AGENT'S MIDDLE NAME		PHONE NO.	
FINANCIAL AGENT'S MAILING ADDRESS		EMAIL (IF AVAILABLE)	
CITY / TOWN	POSTAL CODE	EMAIL (IF AVAILABLE)	
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)	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"/> |

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
1-800-661-8683 PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6

4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS
LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE

DUANE Mac NEILL

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 (LEOFA)*.

SIGNATURE OF CANDIDATE

[Handwritten signature of Duane MacNeill]

DATE: (YYYY/MM/DD)

2015/02/12

PRINTED NAME OF CANDIDATE

DUANE Mac NEILL

SIGNATURE OF FINANCIAL AGENT

DATE: (YYYY/MM/DD)

PRINTED NAME OF FINANCIAL AGENT

Campaign accounts:

NAME OF SAVINGS INSTITUTION

T. D. CANADA TRUST

ADDRESS

WESTSHORE MALL LANFORD BC

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

DUANE MACNEILL

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

0

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

0

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

0

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

3895.00

Total Income (sum of above boxes)

3895.00 **A**

Election expenses (from box A on form 4229)

3895.00

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)

0

Total Expenditures (sum of above boxes)

3895.00 **B**

4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE

DUANE MACNEILL

All Contributions

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

Anonymous contributions \$ B

Total contributions (A + B) \$ C

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

Total contributions of less than \$100 \$

Number of contributors who gave less than \$100 #

Number of anonymous contributors #

4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE <div style="font-size: 1.5em; font-family: cursive; margin-top: 10px;">DUANE McNEIL</div>	PAGE <input style="width: 30px;" type="text"/> OF <input style="width: 30px;" type="text"/>
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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 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

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:

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

NIL

4228 - FUNDRAISING FUNCTION TICKET SALES

LOCAL ELECTIONS CANDIDATE

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SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD



NAME OF CANDIDATE <div style="text-align: center; font-family: cursive; font-size: 1.2em;">DUANE MCNEILL</div>	PAGE <input style="width: 20px;" type="text"/> OF <input style="width: 20px;" type="text"/>
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DATE OF EVENT (YYYY/MM/DD)	DESCRIPTION OF FUNDRAISING EVENT
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Income reported as campaign contributions

	Number of Tickets Sold	Charge per Ticket	Total Charges Collected	Tick if Charge per Ticket Varies
Purchases by organizations	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 20px; height: 25px;" type="checkbox"/>
Purchases by individuals of more than \$250 worth of tickets	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 20px; height: 25px;" type="checkbox"/>
Purchases by individuals of tickets that are more than \$50 each	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 20px; height: 25px;" type="checkbox"/>
Total income reported as campaign contributions	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 20px; height: 25px;" type="checkbox"/>

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	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 20px; height: 25px;" type="checkbox"/>

4229 - SUMMARY OF ELECTION EXPENSES

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE

DUANE MAENEILL

	Column A Election Expenses	Column B Election Proceedings Period Expenses
ADVERTISING		
Brochures, pamphlets and flyers	450.00	
Internet	200.00	
Newspaper, magazine, journal	0	
Radio	0	
Signs and billboards	1750.00	
Television	0	
Other advertising	850.00 (MAIL)	
CAMPAIGN ADMINISTRATION		
Push up sign	295.00	
Salaries and wages	0	
Rent, insurance and utilities	0	
Courier and postage	0	
Furniture and equipment	0	
Office supplies	150.00	
Professional services	0	
Other campaign administration expenses	0	
Conventions and meetings	0	
Other campaign related functions	0	
Research and polling	0	
Interest	0	
EXCLUSIONS THAT MUST BE REPORTED		
Personal election expenses	200.00	
Interest on loans for election expenses	0	
Legal and accounting services	0	
Financial agent services	0	
Other expenses (describe)		

Total Expenses

A	3895.00	B	
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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.

4233 - TRANSFERS BETWEEN CANDIDATE'S OWN CAMPAIGN ACCOUNTS

LOCAL ELECTIONS CANDIDATE

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NAME OF CANDIDATE DUANE MACNEILL

PAGE

OF

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

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

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

DUANA MACNEILL

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
	<i>[Handwritten signature]</i>	

4236 - PREVIOUS FINANCIAL AGENTS
LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE <i>Duane MacNeil</i>		
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)

Nil REPRESENTED MYSELF