4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT LOCAL ELECTIONS CANDIDATE



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Amendment #	

CANDIDATE'S FULL NAME TO hu Douglas Yo	wh		GENERAL VOTING DAY (YYYY/MM/DD)	
BALLOT NAME (IF DIFFERENT FROM ABOVE)	- T-		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.)	
MAILING ADDRESS			PHONE NO. 250 - 489 - 2026	
CITY/TOWN	<u> </u>	POSTAL CODE	EMAIL (IF AVAILABLE)	
CVANBROOK		VIC 124		
JURISDICTION				
ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELE	CTORAL AREA (IF APPLIC	ABLE)		
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATI	ON (IF APPLICABLE)		,	
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION	N (IF APPLICABLE)		-	
FINANCIAL AGENT'S LAST NAME	FIRST NAME		MIDDLE NAME	
FINANCIAL AGENT'S MAILING ADDRESS			PHONE NO.	
CITY/TOWN		POSTAL CODE	EMAIL (IF AVAILABLE)	
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)	If (here	were previous financi	al agents, complete form 4236.	
Tick if candida(e was registered as a third p	party sponsor	Tick if candidate a	cted as a campaign organizer	
This disclosure statement includes the following	forms:			
- Declarations and Campaign Accounts	- Form 4221 🔽	Summa	ry of Election Expenses - Form 4229	
Statement of Income and Expenses	– Form 4222 🔽	Transfers Given to Elector Organization - Form 4230		
Summary of Campaign Contributions by Class	– Form 4223	Other Permissible Payments — Form 4231		
Significant Contributors (\$100 or more)	– Form 4224 🔲	SI	nared Election Expense - Form 4232	
Prohibited Campatgn Contributions	– Form 4225 🔲	Transfers Belween Car	ndidate's Own Accounts - Form 4233	
Transfers Received from Elector Organization	– Form 4226 🔲	Disburse	ement of Surplus Funds — Form 4234 🔲	
Other Permissible Deposits	– Form 4227 🔲	Free Adve	ntising from Jurisdiction – Form 4235 🔲	
Fundralsing Function Ticket Sales	– Form 4228 🔲	Pro	evious Financial Agents — Form 4236	

LOCAL ELECTIONS CAMPAIGN FINANCING

(14/08)

4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS LOCAL ELECTIONS CANDIDATE



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I, the undersigned, declare that to the best of my knowledge and belief, this disclosure statement complotely and accurately disclosus the information required under the Local Elections Campaign Financing Act (LECFA). SIGNATURE OF CANDIDATE FRINTED NAME OF CANDIDATE Total York SIGNATURE OP FINANCIAL AGENT DATE: (YYYY/MM/DD) PRINTED NAME OF FINANCIAL AGENT DATE: (YYYY/MM/DD) DATE: (YYYY/MM/DD) ADDRESS Q 1 Q 13 Aker St. Crasterial VIC 1A4 NAME OF SAVINGS INSTITUTION ADDRESS VAME OF SAVINGS INSTITUTION	NAME OF CANDIDATE John Douglas York	
SIGNATURE OF CANDIDATE JAME JOY PRINTED NAME OF CANDIDATE TO LEN YOUTH SIGNATURE OF FINANCIAL AGENT DATE: (YYYYMM/DD) PRINTED NAME OF FINANCIAL AGENT Campalgin accounts: NAME OF SAVINGS INSTITUTION C. 18 C ADDRESS Q Q Baker St. Cras briok V) C A 4- NAME OF SAVINGS INSTITUTION ADDRESS NAME OF SAVINGS INSTITUTION ADDRESS NAME OF SAVINGS INSTITUTION ADDRESS NAME OF SAVINGS INSTITUTION	Declaration: I, the undersigned, declare that to the best of my knowledge and belief, this disclosure statement completely required under the Local Elections Campaign Financing Act (LECFA).	y and accurately discloses the information
FRINTED NAME OF CANDIDATE TOTAL YORK SIGNATURE OF FINANCIAL AGENT PRINTED NAME OF FINANCIAL AGENT Campaign accounts: NAME OF SAVINGS INSTITUTION C. 18 C. ADDRESS Q 1 9 75 a k e y 3 f. C y 3 c f t b y C 1 A 4 NAME OF SAVINGS INSTITUTION ADDRESS NAME OF SAVINGS INSTITUTION ADDRESS NAME OF SAVINGS INSTITUTION ADDRESS NAME OF SAVINGS INSTITUTION	SIGNATURE OF CANDIDATE	DATE: (YYYY/MM/DD)
FRINTED NAME OF FANDIDATE TOLIN YORK SIGNATURE OF FINANCIAL AGENT PRINTED NAME OF FINANCIAL AGENT Campaign accounts: NAME OF SAVINGS INSTITUTION CIBC ADDRESS QIQ Baker St. Craz briok VICIA4 NAME OF SAVINGS INSTITUTION ADDRESS NAME OF SAVINGS INSTITUTION ADDRESS WAME OF SAVINGS INSTITUTION ADDRESS WAME OF SAVINGS INSTITUTION	i	2015 Feb 18
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NAME OF SAVINGS INSTITUTION CIBC ADDRESS GIG Baker St. Crast VICIA+ NAME OF SAVINGS INSTITUTION ADDRESS NAME OF SAVINGS INSTITUTION ADDRESS VAME OF SAVINGS INSTITUTION	PRINTED NAME OF FINANCIAL AGENT	
ADDRESS ADD	Campaign accounts:	· · · · · · · · · · · · · · · · · · ·
ADDRESS NAME OF SAVINGS INSTITUTION ADDRESS VAME OF SAVINGS INSTITUTION	ADDRESS THE CO.	4
NAME OF SAVINGS INSTITUTION ADDRESS VAME OF SAVINGS INSTITUTION	NAME OF SAVINGS INSTITUTION	
ADDRESS .:	Address	
NAME OF SAVINGS INSTITUTION	NAME OF SAVINGS INSTITUTION	
	ADDRESS	
ADDRESS	NAME OF SAVINGS INSTITUTION	·
	ADDRESS	

LOCAL ELECTIONS CAMPAIGN FINANCING

4222 - STATEMENT OF INCOME AND EXPENSES LOCAL ELECTIONS CANDIDATE



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n Douglas York	
alue 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)	
candidate's own accounts in other jurisdictions (from box A on form 4233)	
Total Income (sum of above boxes)	
Election expenses (from box A on form 4229) / 24: 00	,
Transfers to elector organization (from box A on form 4230)	
Total other permissible payments (from box A on form 4231)	
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)	es l