## 4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT LOCAL ELECTIONS CANDIDATE



Amendment #	

		~	
CANDIDATE'S FULL NAME	heb, b		GENERAL VOTING DAY (YYYY/MM/DD) 2014 /11/15
BALLOT NAME (IF DIFFERENT FROM ABOVE)	160100		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) MAYOR
MAILING ADDRESS		-	PHONE NO.
COGO HOPET (	·	1 Rd	250-818-1992
CITY/TOWN	Call CL	POSTAL CODE	EMAIL (IF AVAILABLE)
S090 West S CITY/TOWN V. C. Toria		U9E 2E7	
JURISDICTION	Toria		
Uic	1001a		·
ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELE	CTORAL AREA (IF APPLI	CABLE)	
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATI	ON (IF APPLICABLE)		
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATIO	N (IF APPLICABLE)		•
FINANCIAL AGENT'S LAST NAME	FIRST NAME		MIDDLE NAME
A A A A A A A A A A A A A A A A A A A			
FINANCIAL AGENT'S MAILING ADDRESS			PHONE NO.
CITY / TOWN		POSTAL CODE	EMAIL (IF AVAILABLE)
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)	lf than	n wara pravious financ	al agents, complete form 4236.
	ii tileit	s were previous infanci	al agents, complete toriii 4200.
Tick if candidate was registered as a third p	earty sponsor	Tick if candidate a	acted 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 X
Summary of Campaign Contributions by Class	– Form 4223 💢	Othe	r Permissible Payments - Form 4231 🗶
Significant Contributors (\$100 or more)	– Form 4224 🔀	Si	hared Election Expense – Form 4232 💢
Prohibited Campaign Contributions	– Form 4225 X	Transfers Between Car	ndidate's Own Accounts - Form 4233 X
Transfers Received from Elector Organization	- Form 4226 X	Disburse	ement of Surplus Funds - Form 4234 🔀
Other Permissible Deposits	– Form 4227 🔀	Free Adve	ertising from Jurisdiction – Form 4235
Fundraising Function Ticket Sales	– Form 4228 🔀	Pro	evious Financial Agents - Form 4236 🔀

### 4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT

#### **LOCAL ELECTIONS CANDIDATE**



PLEASE PRINT IN BLOCK LETTERS

SEE AMENDMENT

Amendment #

CANDIDATE'S FULL NAME  DAVID Shebib	GENERAL VOTING DAY (YYYY/MM/DD)
BALLOT NAME (IF DIFFERENT FROM ABOVE)	OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.)
MAILING ADDRESS	PHONE NO.
5090 West Saanich Rd	
S090 West Saanch Rd CITY/TOWN POSTAL CODE U9E 2E7	EMAIL (IF AVAILABLE)
JURISDICTION VICE TONIA	
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 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 there were previous fina	ıncial agents, complete form 4236.
Tick if candidate was registered as a third party sponsor  Tick if candidate	ate acted as a campaign organizer
This disclosure statement includes the following forms:	
Declarations and Campaign Accounts - Form 4221 Sum	nmary of Election Expenses - Form 4229
Statement of Income and Expenses - Form 4222 Transfers Gi	ven to Elector Organization - Form 4230
Summary of Campaign Contributions by Class — Form 4223 O	other Permissible Payments - Form 4231
Significant Contributors (\$100 or more) - Form 4224	Shared Election Expense - Form 4232
Prohibited Campaign Contributions - Form 4225 Transfers Between	Candidate's Own Accounts - Form 4233
Transfers Received from Elector Organization - Form 4226 Disb	ursement of Surplus Funds - Form 4234
Other Permissible Deposits — Form 4227 Free A	Advertising from Jurisdiction - Form 4235
Fundraising Function Ticket Sales — Form 4228	Previous Financial Agents - Form 4236

## 4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE	DAUID	Shebib	×
Declaration:			
	to the best of my knowledge and belief, this ons Campaign Financing Act (LECFA).	disclosure statement completely a	nd accurately discloses the information
SIGNATURE OF CANDIDATE		Consideration and the second s	DATE: (YYYY/MM/DD)  EOIH IL - OH
PRINTED NAME OF CANDIDATE ${\cal L}$	DAUID Sh	e61/b	
SIGNATURE OF FINANCIAL AGE	NT	<u> </u>	DATE: (YYYY/MM/DD)
PRINTED NAME OF FINANCIAL	GENT		
Campaign accounts:			
NAME OF SAVINGS INSTITUTION	΄		
ADDRESS			
NAME OF SAVINGS INSTITUTION	1		
ADDRESS		1.4.400.00	***************************************
NAME OF SAVINGS INSTITUTION	1		
ADDRESS			
•			
NAME OF SAVINGS INSTITUTION	1		

### 4222 - STATEMENT OF INCOME AND EXPENSES LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE	DAVID	SHEBIB
Tot	al value of cam	apaign contributions from all sources (from box C on form 4223)
	Transfer	s received from elector organization (from box A on form 4226)
		Total other permissible deposits (from box A on form 4227)
Transfers fr	om candidate's	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)
		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)

### 4222 - STATEMENT OF INCOME AND EXPENSES LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE.	
	A A .
Total value of campaign contributions from all sources (from box C on form 4223)	1 1/16
Transfers received from elector organization (from box A on form 4226)	(1)
Transfers received from elector organization (from box 24 on form 4220)	[ [0]
Total other permissible deposits (from box A on form 4227)	1211-
Transfers from candidate's own accounts in other jurisdictions (from box A on form 4233)	VI, i
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NIL
	1
Total Income (sum of above boxes)	NIL
	. \.
Election expenses (from box A on form 4229)	NIG
Transfers to elector organization (from box A on form 4230)	frank 1
T ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	
Total other permissible payments (from box A on form 4231)	N/6
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)	
Amount of surplus funds dispulsed (from box A on form 4234)	
Total Expenditures (sum of above boxes)	B
	Canada Ca

### 4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE DAUND Shebib	
	All Contributions
Individuals	0
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	#

## 4224 - SIGNIFICANT CONTRIBUTORS (\$100 OR MORE) LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE	DAVID SHEBIB.			PAGE
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
	•			
		•		
		·		
:				
F NEEDED, ATTACH ADDI CLASS OF CONTRIBUTO 1 INDIVIDUAL, 2 CORF 4 TRADE UNION, 5 NO	TIONAL FORMS R: PORATION, 3 – UNINCORPORATED BUSINESS/COI IN-PROFIT ORGANIZATION, 6 – OTHER IDENTIFIAI	MMERCIAL ORGANIZATION CONTRIBUTION CONTRIBUTION	TOTAL A	

## 4224 - SIGNIFICANT CONTRIBUTORS (\$100 OR MORE) LOCAL ELECTIONS CANDIDATE

### ELECTIONS A non-partisan Office of the Legislature

PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE				PAGE
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
		and the state of t		
IF NEEDED, ATTACH / * CLASS OF CONTRIB 1 - INDIVIDUAL, 2 - 0 4 - TRADE UNION, 5	ADDITIONAL FORMS (UTOR: CORPORATION, 3 – UNINCORPORATED BUSINESS/CO – NON-PROFIT ORGANIZATION, 6 – OTHER IDENTIFIA	MMERCIAL ORGANIZATION CONTRIB BLE CONTRIBUTOR	TOTAL UTIONS	A

#### 4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS LOCAL ELECTIONS CANDIDATE



#### PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE DAVID	SHEBIB				PAGE OF
INSTRUCTIONS: Complete one s Attach addition	sheet for each prohib al forms if necessary		tribution received.		
RECEIVED FROM  INDIVIDUAL ORGANIZATION	DATE RECEIVED (YYYY/MM/DD)	\$ VALUE	DATE RETURNED (YYYY/MM/DD)	OR	DATE REMITTED TO ELECTIONS BC (YYYY/MM/DD)
ANONYMOUS					
Complete this field if the prohibition			d from an individual	;	
	/		<u>'</u>		
Complete these fields if the pro-	ibited campaign cor	tribution was recei	ved from an organiz	zation:	
NAME OF ORGANIZATION					CLASS*
MAILING ADDRESS					
NAME OF DIRECTOR		NAME OF DIRE	стор		
LACOTO OF CONTRIBUTORS.					

4 - TRADE UNION, 5 - NON-PROFIT ORGANIZATION, 6 - OTHER

<sup>1 -</sup> INDIVIDUAL, 2 - CORPORATION, 3 - UNINCORPORATED BUSINESS/COMMERCIAL ORGANIZATION,

#### **4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS**

#### **LOCAL ELECTIONS CANDIDATE**



SEE AMENDMENT PLEASE PRINT IN BLOCK LETTERS NAME OF CANDIDATE PAGE OF INSTRUCTIONS: Complete one sheet for each prohibited campaign contribution received. Attach additional forms if necessary. RECEIVED FROM DATE REMITTED TO RECEIVED \$ VALUE RETURNED (YYYY/MM/DD) OR ELECTIONS BC (YYYY/MM/DD) (YYYY/MM/DD) ☐ INDIVIDUAL ORGANIZATION 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

#### \* CLASSES OF CONTRIBUTORS:

NAME OF DIRECTOR

- 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

NAME OF CANDIDATE	DAVID SHEBIB		PAGE
DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER
			,
	·		
			,
•			
		` \	
·			
		· · · · · · · · · · · · · · · · · · ·	
			,
o include legal name if di	fferent than ballot name.	TOTAL	<b>A</b>

## 4226 - TRANSFERS RECEIVED FROM ELECTOR ORGANIZATION



LOCAL ELECTIONS CANDIDATE

PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE			PAGE OF
DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER
,			
		·	
Also include legal name if d	ifferent than ballot name.	TOTAL	A

### 4227 - OTHER PERMISSIBLE DEPOSITS TO CAMPAIGN ACCOUNT

#### LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE		DAVID SHEBIB.	PAGE
DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	АМОИМТ
·			
	-		
	i	·	
TYPE:  I – Interest D – Dividends of shares paid S – Surplus funds from previous	d by credit i	TOTAL union	A

F – Fundraising income not reported as a campaign contribution O – Other (describe)

### 4227 - OTHER PERMISSIBLE DEPOSITS TO CAMPAIGN ACCOUNT



**LOCAL ELECTIONS CANDIDATE** 

E * 5	8	78	20.00	A constant	n.	1	8 6	1	ğ	N	ğ.	8
SE		A	W		V		V	2500	200 P	AMOUNT OF THE		2000

NAME OF CANDIDATE				PAGE	
			<b></b>	OF	
DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AM	ТИПО	
TYPE:					
i _ Interest	aid by credit	union on returned by jurisdiction	Α	$\overline{}$	
D – Dividends of shares p S – Surplus funds from pre F – Fundralsing income no O – Other (describe)	ot reported a	s a campaign contribution		\	

### 4228 - FUNDRAISING FUNCTION TICKET SALES

#### LOCAL ELECTIONS CANDIDATE



SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD



NAME OF CANDIDATE	SHEBIR	PAGE OF
DATE OF EVENT (YYYY/MM/DD) DESCRIP	TION OF FUNDRAISING EVENT	
Income reported as campaign contribution  Purchases by organization  Purchases by individuals of more than	Number of Charge Total Charges Tickets Sold per Ticket Collected Vari	e per ket
\$250 worth of ticket Purchases by individuals of ticket that are more than \$50 each Tota	s	
Remember to report all campaign contr and if applicable, on form 4224 - Signifi	ibutions on form 4223 - Summary of Campaign Contributions by C cant Contributors (\$100 or more).	ass,
Other income not reported as campaign	Tick Charge	e per
Purchases by individuals o tickets of \$50 or less		
•	·	

#### **4228 - FUNDRAISING FUNCTION TICKET SALES**

#### LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD

NAME OF CANDIDATE				PAGE
				OF
DATE OF EVENT (YYYY/MM/DD)  DESCRIPTION OF	FUNDRAISING EVENT			
Income reported as campaign contributions		\ \ \		
	lumber of ckets Sold	Charge per Ticket	Total Charges Collected	Tick if Charge per Ticket Varies
\$250 worth of tickets Purchases by individuals of tickets that are more than \$50 each				
Total inco	me reported as car	mpaign contributions		
Remember to report all campaign contributio and if applicable, on form 4224 - Significant C			aign Contributior	ns by Class,
Other income not reported as campaign cont				Tick if Charge per
	lumber of ckets Sold	Öharge per √icket	Total Charges Collected	Ticket Varies
Purchases by individuals of tickets of \$50 or less				

### 4229 - SUMMARY OF ELECTION EXPENSES LOCAL ELECTIONS CANDIDATE



	DAVID SHEBIR.		
	•	Column A	Column B
ADVERTISING		Election Expenses	Election Proceedings Period Expenses
	Brochures, pamphlets and flyers		
	Internet		
	Newspaper, magazine, journal		
	Radio		
	Signs and billboards		
	Television /		
	Other advertising (		
CAMPAIGN ADMINISTRATION			1
	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		
XCLUSIONS THAT MUST BE F			
	Personal election expenses		
	Interest on loans for election expenses		
	Legal and accounting services		
	Financial agent services		:
ther expenses (describe)			
	·		,
	Total Expenses	A	В
lumn A - Report the value of all elec e campaign period is from January 1	tion expenses for goods and services used in the campaign peri , 2014 to November 15, 2014.	od.	***
lumn B . Poport the value of all elec	tion expenses for goods and services used in the election proce	adlane agrica	

ELECTIONS
A non-partisan Office of the Legislature

#### **4229 - SUMMARY OF ELECTION EXPENSES**

#### LOCAL ELECTIONS CANDIDATE

PLEASE PRINT IN BLOCK LETTERS SEE AMENDMEN

NAME OF CANDIDATE Column A Column B **Election Proceedings** Election Expenses Period Expenses **ADVERTISING** Brochures, pamphlets and flyers Internet Newspaper, magazine, journal Radio Signs and billboards Television Other advertising **CAMPAIGN ADMINISTRATION** Salaries and wages Rent insurance and utilities Courier and postage Furniture and equipment Office supplies Professional services Other bampaign 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** В 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 LOC

CAL ELECTIONS CANDIDATE	A non-partisan Office of the Legislature
PLEASE PRINT IN BLOCK LETTERS	

NAME OF CANDIDATE	DAUID	Shebib	PAGE OF
DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER
	ance.	3	
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
		•	
		10.00	
Also include legal name if d	lifferent than ballot name.	TOTAL	A

## 4231 - OTHER PERMISSIBLE PAYMENTS FROM CAMPAIGN ACCOUNT



#### **LOCAL ELECTIONS CANDIDATE**

PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE		DAVID SHEBIB		OF
DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	АМ	OUNT
	,			
·				·
·				
	, and the second			
TYPE: B - Bank fees E - Intended election expen	se that was	TOTAL not used	A	

N – Nomination deposit O – Other (describe)

# 4231 - OTHER PERMISSIBLE PAYMENTS FROM CAMPAIGN ACCOUNT

#### LOCAL ELECTIONS CANDIDATE

PLEASE PRINT IN BLOCK LETTERS



NAME OF CANDIDATE			PAGE
			OF
DATE (YYYY/MM/DD)	туре*	DESCRIPTION	AMOUNT
!			
	, , , , , , , , , , , , , , , , , , , ,		
·			
TYPE: B - Bank fees F - Intended election exp	ense that was	TOTAL s not used	A
E – Intended election expr F – Payments made for fu N – Nomination deposit O – Other (describe)	indraising pur	poses	

### 4232 - SHARED ELECTION EXPENSE

#### LOCAL ELECTIONS CANDIDATE



E OF CANDIDATE	DAVID	SHEBIB		PAGE
CRIPTION OF SHARED EXPENS	E			
	-	Total value of	shared election expense	
		Candidate's portion of	shared election expense*	
		Amount paid directly	y to supplier (if applicable)	
		Amount of reimbursements g	given to other candidate(s)	
		Amount of reimbursements received	ved from other candidates	
	ude your por	ion of the shared expense as an e	election expense on form 4229	) - Summar
lection Expenses.		hom the expense was shared:		
lection Expenses.			election expense on form 4229	
lection Expenses.		hom the expense was shared:		
lection Expenses.		hom the expense was shared:		
lection Expenses.		hom the expense was shared:		
lection Expenses.		hom the expense was shared:		
lection Expenses.		hom the expense was shared:		
lection Expenses.		hom the expense was shared:		

#### **4232 - SHARED ELECTION EXPENSE**

#### LOCAL ELECTIONS CANDIDATE

PLEASE PRINT IN BLOCK LETTERS





NAME OF CANDIDATE		PAGE
		OF
DECODIDATION OF CAMPED EXPENSE		
DESCRIPTION OF SHARED EXPENSE		
	Total value of shared e	election expense
	Candidate's portion of shared el	ection expense*
		N
	Amount paid directly to suppl	lier (if applicable)
	Amount of reimbursements given to o	ther candidate(s)
	<b>*</b>	,
	Amount of reimbursements received from	other candidates
		<u> </u>
*Note: Remember to include you	our portion of the shared expense as an election	expense on form 4229 - Summary of
	at better of the character barbanes as an electron.	
Election Expenses.	an point of the character and an encountry	
-		
Full names of other candidates	with whom the expense was shared:	MIDDLE NAME
-	with whom the expense was shared:	
Full names of other candidates	with whom the expense was shared:	
Full names of other candidates	with whom the expense was shared:	
Full names of other candidates	with whom the expense was shared:	
Full names of other candidates	with whom the expense was shared:	
Full names of other candidates	with whom the expense was shared:	
Full names of other candidates	with whom the expense was shared:	
Full names of other candidates	with whom the expense was shared:	
Full names of other candidates	with whom the expense was shared:	
Full names of other candidates	with whom the expense was shared:	
Full names of other candidates	with whom the expense was shared:	
Full names of other candidates	with whom the expense was shared:	
Full names of other candidates	with whom the expense was shared:	
Full names of other candidates	with whom the expense was shared:	
Full names of other candidates	with whom the expense was shared:	

## 4233 - TRANSFERS BETWEEN CANDIDATE'S OWN CAMPAIGN ACCOUNTS



#### LOCAL ELECTIONS CANDIDATE

ME OF CANDIDATE	PAVID SHEBIB.		PAGE OF
ınsfers between candidate'	s own campaign accounts in same jurisdiction		
	PURPOSE		AMOUNT
•			
nsfers from candidate's ow	n campaign accounts in other jurisdictions		
DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)		AMOUNT
·			
		TOTAL	Α
nsfers to candidate's own c	campaign accounts in other jurisdictions		
DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)		AMOUNT
		TOTAL	В .
***	ne amounts in boxes <b>A</b> and <b>B</b> must be carried forward to form		· · · · · · · · · · · · · · · · · · ·

### 4233 - TRANSFERS BETWEEN CANDIDATE'S OWN CAMPAIGN ACCOUNTS



#### **LOCAL ELECTIONS CANDIDATE**

C	E.	Surar.	Λ	NΛ	L.	٨	NA	9000	Services	
J		Marient Same	M	V	C,	y	M	STATE OF THE PERSON	de participa	0384

nsfers between candidate's	s own campaign accounts in same jurisdiction	
sarianda e	PURPOSE	AMOUNT
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
•		
nefore from candidato's ow	n campaign accounts in other jurisdictions	
DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)	AMOUNT
	тс	OTAL A
nsfers to candidate's own o	campaign accounts in other jurisdictions	
DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)	AMOUNT

### 4234 - DISBURSEMENT OF SURPLUS FUNDS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE	DAVID SHEBIB.	
	Balance remaining in campaign account(s) after payment of all expenses	A
	Total amount of campaign contributions from candidate	В
Amount reimbursed to ca	andidate from campaign account for the candidate's contributions to their campaign	С
	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 E	is less than \$500 provide details of how it was disbursed.	
DATE (YYYY/MM/DD)	DESCRIPTION	AMOUNT
		· · · · · · · · · · · · · · · · · · ·
		,

### 4234 - DISBURSEMENT OF SURPLUS FUNDS

#### LOCAL ELECTIONS CANDIDATE



LEASE PRINT IN BLOCK LETTERS	(C)	F	and a second	A	TOTAL STATE	A STATE OF THE PARTY OF THE PAR	1	Contraction of the Contraction o	Moreon	Ŋ	PERSONNEL	8	Contraction	Manteros	SHERMAN

Balance remaining in campaign account(s) after payment of all expenses  Total amount of campaign contributions from candidate  mount reimbursed to candidate from campaign account for the candidate's contributions to their campaign  Date of reimbursement to candidate (YYYY/MM/DD)  Amount of remaining surplus funds (after any reimbursement under box C)  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.  DESCRIPTION  AMOUNT  AMOUNT			
Total amount of campaign contributions from candidate  mount reimbursed to candidate from campaign account for the candidate's contributions to their campaign  Date of reimbursement to candidate (YYYY/MM/DD)  Amount of remaining surplus funds (after any reimbursement under box C)  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.	IAME OF CANDIDATE		
Total amount of campaign contributions from candidate  mount reimbursed to candidate from campaign account for the candidate's contributions to their campaign  Date of reimbursement to candidate (YYYY/MM/DD)  Amount of remaining surplus funds (after any reimbursement under box C)  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.			
Total amount of campaign contributions from candidate  mount reimbursed to candidate from campaign account for the candidate's contributions to their campaign  Date of reimbursement to candidate (YYYY/MM/DD)  Amount of remaining surplus funds (after any reimbursement under box C)  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.			
Total amount of campaign contributions from candidate  mount reimbursed to candidate from campaign account for the candidate's contributions to their campaign  Date of reimbursement to candidate (YYYY/MM/DD)  Amount of remaining surplus funds (after any reimbursement under box C)  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.	\		
Total amount of campaign contributions from candidate  mount reimbursed to candidate from campaign account for the candidate's contributions to their campaign  Date of reimbursement to candidate (YYYY/MM/DD)  Amount of remaining surplus funds (after any reimbursement under box C)  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.			
mount reimbursed to candidate from campaign account for the candidate's contributions to their campaign  Date of reimbursement to candidate (YYYY/MM/DD)  Amount of remaining surplus funds (after any reimbursement under box C)  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.		Balance remaining in campaign account(s) after payment of all expenses	
mount reimbursed to candidate from campaign account for the candidate's contributions to their campaign  Date of reimbursement to candidate (YYYY/MM/DD)  Amount of remaining surplus funds (after any reimbursement under box C)  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 of reimbursement to candidate (YYYY/MM/DD)  Amount of remaining surplus funds (after any reimbursement under box C)  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.		Total amount of campaign contributions from candidate	
Date of reimbursement to candidate (YYYY/MM/DD)  Amount of remaining surplus funds (after any reimbursement under box C)  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.			
Amount of remaining surplus funds (after any reimbursement under box C)  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.	mount reimbursed to	candidate from campaign account for the candidate's contributions to their campaign	
Amount of remaining surplus funds (after any reimbursement under box C)  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.			
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 of reimbursement to candidate (YYYY/MM/DD)	
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.			
ran for election. Provide the date of payment (YYYY/MM/DD).  f the amount in Box D is less than \$500 provide details of how it was disbursed.		Amount of remaining surplus funds (after any reimbursement under box C)	
ran for election. Provide the date of payment (YYYY/MM/DD).  f the amount in Box D is less than \$500 provide details of how it was disbursed.			
f the amount in Box D is less than \$500 provide details of how it was disbursed.	If the amount in Bo	x 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).	
DESCRIPTION AMOUNT  AMOUNT  AMOUNT	If the emount in Boy	D is loss than \$500 provide details of how it was dishursed	
	f the amount in Box	D is less than \$500 provide details of how it was disbursed.	
			AMOUNT

## 4235 - FREE ADVERTISING FROM JURISDICTION LOCAL ELECTIONS CANDIDATE



AME OF CANDIDATE	DAVIO SHEBIB					
Free advertising provided by jurisdiction						
DATE ADVERTISING WAS TRANSMITTED (YYYY/MM/DD)	JURISDICTION	MEANS OF TRANSMISSION (WEBSITE, FLYER, ETC.)				
	•					
	W )					
	/					

### 4235 - FREE ADVERTISING FROM JURISDICTION LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE		
Free advertising pr	ovided by jurisdiction	
DATE ADVERTISING WAS TRANSMITTED (YYYY/MM/DD)	JURISDICTION	MEANS OF TRANSMISSION (WEBSITE, FLYER, ETC.)
(**************************************		
		·
	·	

### 4236 - PREVIOUS FINANCIAL AGENTS LOCAL ELECTIONS CANDIDATE



	`	
NAME OF CANDIDATE DAVIO SHEBIB.		
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)

### 4236 - PREVIOUS FINANCIAL AGENTS LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS SEE AWENDIVIEN

NAME OF CANDIDATE	)(/-
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)	
FINANCIAL AGENT'S LAST NAME FIRST NA	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 NA	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 NA	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 NA	MIDDLE NAME
FINANCIAL AGENT MAILING ADDRESS	PHONE NO.
CITY/TOWN	POSTAL CODE EMAIL (IF AVAILABLE)