

4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

Amendment # _____

CANDIDATE'S FULL NAME TERRY LYNN SAUNDERS		GENERAL VOTING DAY (YYYY/MM/DD) NOV 2014/11/15	
BALLOT NAME (IF DIFFERENT FROM ABOVE)		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) SCHOOL TRUSTEE	
MAILING ADDRESS 480 TENTH ST		PHONE NO. 250.753.1514	
CITY/TOWN NANAIMO BC	POSTAL CODE V9R 1A1	EMAIL (IF AVAILABLE) terrylynn.saunders@shaw.ca	
JURISDICTION NANAIMO-LADYSMITH SA 68			
ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELECTORAL AREA (IF APPLICABLE) N/A			
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE) N/A			
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE) N/A			
FINANCIAL AGENT'S LAST NAME N/A	FIRST NAME	MIDDLE NAME	
FINANCIAL AGENT'S MAILING ADDRESS N/A		PHONE NO.	
CITY/TOWN N/A	POSTAL CODE	EMAIL (IF AVAILABLE)	
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD) N/A	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
N/A

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"/> |

4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT

LOCAL ELECTIONS CANDIDATE



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SEE AMENDMENT

Amendment # _____

CANDIDATE'S FULL NAME TERRY LYNN SAUNDERS		GENERAL VOTING DAY (YYYY/MM/DD) NOV 2014/11/15	
BALLOT NAME (IF DIFFERENT FROM ABOVE)		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) SCHOOL TRUSTEE	
MAILING ADDRESS 480 TENTH ST		PHONE NO. 250.753.1514	
CITY / TOWN NANAIMO BC	POSTAL CODE V9R 1A1	EMAIL (IF AVAILABLE) terrylynn.saunders@shaw.ca	
JURISDICTION NANAIMO-LADYSMITH SD 68			
ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELECTORAL AREA (IF APPLICABLE) N/A			
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE) N/A			
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE) N/A			
FINANCIAL AGENT'S LAST NAME N/A	FIRST NAME	MIDDLE NAME	
FINANCIAL AGENT'S MAILING ADDRESS N/A		PHONE NO.	
CITY / TOWN N/A	POSTAL CODE	EMAIL (IF AVAILABLE)	
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD) N/A	If there were previous financial agents, complete form 4236.		
<input type="checkbox"/> Tick if candidate was registered as a third party sponsor		<input checked="" type="checkbox"/> 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



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE <p style="font-size: 1.2em; margin-left: 40px;">TERRYLynn SAUNDERS</p>

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 <p style="font-size: 1.2em; margin-left: 20px;">T.S. Saunders</p>	DATE: (YYYY/MM/DD) <p style="font-size: 1.2em; margin-left: 20px;">2014 11 25</p>
PRINTED NAME OF CANDIDATE <p style="font-size: 1.2em; margin-left: 40px;">TERRYLynn SAUNDERS</p>	

SIGNATURE OF FINANCIAL AGENT <p style="font-size: 1.2em; margin-left: 40px;">N/A</p>	DATE: (YYYY/MM/DD)
PRINTED NAME OF FINANCIAL AGENT <p style="font-size: 1.2em; margin-left: 40px;">N/A</p>	

Campaign accounts:

NAME OF SAVINGS INSTITUTION <p style="font-size: 1.2em; margin-left: 40px;">N/A</p>
ADDRESS
NAME OF SAVINGS INSTITUTION
ADDRESS
NAME OF SAVINGS INSTITUTION
ADDRESS
NAME OF SAVINGS INSTITUTION
ADDRESS

4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

SEE AMENDMENT

NAME OF CANDIDATE

TERRILYNN SAUNDERS

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

T Saunders

DATE: (YYYY/MM/DD)

2014 11 25

PRINTED NAME OF CANDIDATE

SIGNATURE OF FINANCIAL AGENT

N/A

DATE: (YYYY/MM/DD)

PRINTED NAME OF FINANCIAL AGENT

N/A

Campaign accounts:

NAME OF SAVINGS INSTITUTION

N/A

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



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE TERPY LYNN SAUNOGEJ

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**

4222 - STATEMENT OF INCOME AND EXPENSES

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

SEE AMENDMENT

NAME OF CANDIDATE

TERA LYNN SAUNOGES

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



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

TERRY LYNN SAUNDERS

All Contributions

Individuals	0 26.25	
Corporations	0	
Unincorporated Business/Commercial Organizations	0	
Trade Unions	0	
Non-profit Organizations	0	
Other Identifiable Contributors	0	
Total	\$ 0 26.25	A

Anonymous contributions \$ ~~0~~ B

Total contributions (A + B) \$ ~~0~~ 26.25 C

Total significant contributions (must equal box A on all forms 4224) \$ ~~0~~

Total contributions of less than \$100 \$ ~~0~~ 26.25

Number of contributors who gave less than \$100 # ~~0~~ 1

Number of anonymous contributors # ~~0~~

4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

SEE AMENDMENT

NAME OF CANDIDATE

TERRY LYNN SAUNDERS

All Contributions

Individuals	0	
Corporations	0	
Unincorporated Business/Commercial Organizations	0	
Trade Unions	0	
Non-profit Organizations	0	
Other Identifiable Contributors	0	
Total	\$ 0	A

Anonymous contributions \$ ~~0~~ B

Total contributions (A + B) \$ ~~0~~ C

Total significant contributions (must equal box A on all forms 4224) \$ ~~0~~

Total contributions of less than \$100 \$ ~~0~~

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 TERRY LYNN SAUNDERS

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
<p style="font-size: 2em; opacity: 0.5;">/</p> <p style="font-size: 3em; opacity: 0.5;">N/A</p>				

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

4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE <div style="font-size: 1.5em; font-family: cursive; margin-left: 100px;">TERRY LYNN SAUNDERS</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

N/A

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

**4226 - TRANSFERS RECEIVED
FROM ELECTOR ORGANIZATION**



LOCAL ELECTIONS CANDIDATE

PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE	PAGE <input type="text"/>
<i>TERRYLYNN SAUNDERS</i>	OF <input type="text"/>

DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER
<i>N/A</i>			
<i>0</i>			

*Also include legal name if different than ballot name.

TOTAL	A <input style="width: 40px;" type="text"/>
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4228 - FUNDRAISING FUNCTION TICKET SALES

LOCAL ELECTIONS CANDIDATE

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SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD



NAME OF CANDIDATE TERRYLYNN SAUNDERS PAGE OF

DATE OF EVENT (YYYY/MM/DD) DESCRIPTION OF FUNDRAISING EVENT

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 type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Purchases by individuals of more than \$250 worth of tickets	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Purchases by individuals of tickets that are more than \$50 each	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Total income reported as campaign contributions			<input type="text"/>	

N/A

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 type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

0

4229 - SUMMARY OF ELECTION EXPENSES
LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE
 TerryLynn Saunders

	Column A Election Expenses	Column B Election Proceedings 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 campaign administration expenses		
Conventions and meetings	26.25	26.25
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 26.25	B 26.25

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.

4229 - SUMMARY OF ELECTION EXPENSES

LOCAL ELECTIONS CANDIDATE

PLEASE PRINT IN BLOCK LETTERS

SEE AMENDMENT



NAME OF CANDIDATE TERRY LYNN SAUNDERS

	Column A Election Expenses	Column B Election Proceedings 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 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 <u>0</u>	B <u>0</u>

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



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE **TERRY LYNN SAUNDERS**

PAGE
OF

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

*Also include legal name if different than ballot name.

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



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE TERRY LYNN SAUNDERS

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



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE TERRY LYNN SAUNDERS

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) D

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>N/A</i>		

4236 - PREVIOUS FINANCIAL AGENTS
LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE TERRYLYNN SAUNDERS			
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)