

4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

Amendment # _____

CANDIDATE'S FULL NAME CHAD RYAN ELIASON		GENERAL VOTING DAY (YYYY/MM/DD) 2014/11/15	
BALLOT NAME (IF DIFFERENT FROM ABOVE)		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) Council	
MAILING ADDRESS 230 SKUSWAP ST SE		PHONE NO. 250-804-9874	
CITY / TOWN SALMON ARM	POSTAL CODE V1E 4H7	EMAIL (IF AVAILABLE) chadeliason@gmail.com	
JURISDICTION SALMON ARM			
ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELECTORAL AREA (IF APPLICABLE)			
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE) N/A			
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)			
FINANCIAL AGENT'S LAST NAME SAME AS ABOVE		FIRST NAME SAME AS ABOVE	
FINANCIAL AGENT'S MAILING ADDRESS		MIDDLE NAME	
CITY / TOWN		PHONE NO.	
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)		EMAIL (IF AVAILABLE)	
If there were previous financial agents, complete form 4236.			
<input type="checkbox"/> Tick if candidate was registered as a third party sponsor		<input 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"/>	

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
1-800-661-8883 PO Box 9276 Stn Prov Govt, Victoria BC V8W 9J6

4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE <p style="text-align: center; font-size: 1.2em;">CHAD ELIASON</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 <i>Local Elections Campaign Financing Act</i> (LECFA).	
SIGNATURE OF CANDIDATE 	DATE: (YYYY/MM/DD) <p style="text-align: center; font-size: 1.2em;">2014/11/30</p>
PRINTED NAME OF CANDIDATE <p style="text-align: center; font-size: 1.2em;">CHAD ELIASON</p>	
SIGNATURE OF FINANCIAL AGENT 	DATE: (YYYY/MM/DD) <p style="text-align: center; font-size: 1.2em;">2014/11/30</p>
PRINTED NAME OF FINANCIAL AGENT <p style="text-align: center; font-size: 1.2em;">Chad Eliason</p>	
Campaign accounts:	
NAME OF SAVINGS INSTITUTION <p style="text-align: center; font-size: 1.2em;">SALMON ARM SAVINGS & CREDIT UNION</p>	
ADDRESS <p style="text-align: center; font-size: 1.2em;">370 LAKE SHORE DRIVE SALMON ARM BC</p>	
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		<i>CHAD ELIASON</i>	
Total value of campaign contributions from all sources (from box C on form 4223)		<i>1172.31</i>	
Transfers received from elector organization (from box A on form 4226)		<i>—</i>	
Total other permissible deposits (from box A on form 4227)		<i>—</i>	
Transfers from candidate's own accounts in other jurisdictions (from box A on form 4233)		<i>—</i>	
Total Income (sum of above boxes)		<i>1172.31</i>	A
Election expenses (from box A on form 4229)		<i>1172.31</i>	
Transfers to elector organization (from box A on form 4230)		<i>—</i>	
Total other permissible payments (from box A on form 4231)		<i>—</i>	
Transfers to candidate's own accounts in other jurisdictions (from box B on form 4233)		<i>—</i>	
Amount of surplus funds disbursed (from box A on form 4234)		<i>0</i>	
Total Expenditures (sum of above boxes)		<i>1172.31</i>	B

4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE		CHAD ELIASON	
		All Contributions	
	Individuals	672.31	
	Corporations	500.00	
	Unincorporated Business/Commercial Organizations	—	
	Trade Unions	—	
	Non-profit Organizations	—	
	Other Identifiable Contributors	—	
	Total	\$ 1172.31	A
	Anonymous contributions	\$ —	B
	Total contributions (A + B)	\$ 1172.31	C
	Total significant contributions (must equal box A on all forms 4224)	\$ 1172.31	
	Total contributions of less than \$100	\$ 0	
	Number of contributors who gave less than \$100	# 0	
	Number of anonymous contributors	# 0	

4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE <p style="text-align: center; font-size: 1.2em;">CHAD ELIASON</p>	PAGE <input style="width: 20px;" type="text"/> OF <input style="width: 20px;" type="text"/>
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
N/A

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

4228 - FUNDRAISING FUNCTION TICKET SALES

LOCAL ELECTIONS CANDIDATE

PLEASE PRINT IN BLOCK LETTERS

SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD



NAME OF CANDIDATE CHAD ELIAGON		PAGE <input type="text"/>
DATE OF EVENT (YYYY/MM/DD)		OF <input type="text"/>
DESCRIPTION OF FUNDRAISING EVENT		

Income reported as campaign contributions

N/A

	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



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE		
CHAD ELIASON		
	Column A	Column B
	Election Expenses	Election Proceedings Period Expenses
ADVERTISING		
Brochures, pamphlets and flyers	362.40	362.40
Internet	—	
Newspaper, magazine, journal	—	
Radio	—	
Signs and billboards	809.91	809.91
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 1172.31	B 1172.31
<p>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.</p> <p>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.</p>		

4229 - SUMMARY OF ELECTION EXPENSES

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE		
CHAD ELIASON		
	Column A	Column B
	Election Expenses	Election Proceedings Period Expenses
ADVERTISING		
Brochures, pamphlets and flyers	362.40	
Internet	-	
Newspaper, magazine, journal	-	
Radio	-	
Signs and billboards	809.91	
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 1172.31	B

SEE AMENDMENT

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.

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

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



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE CHAD ELIASON PAGE OF

DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AMOUNT
		N/A	
TOTAL			A

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

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

4232 - SHARED ELECTION EXPENSE

LOCAL ELECTIONS CANDIDATE

PLEASE PRINT IN BLOCK LETTERS



SUBMIT A SEPARATE FORM FOR EACH SHARED ELECTION EXPENSE

NAME OF CANDIDATE <p style="text-align: center; font-size: 1.2em;">CHAD ELIASON</p>	PAGE: <input style="width: 20px;" type="text"/> OF: <input style="width: 20px;" type="text"/>																																	
DESCRIPTION OF SHARED EXPENSE <p style="text-align: center; font-size: 1.2em;">N/A</p>																																		
Total value of shared election expense <input style="width: 100px;" type="text"/>																																		
Candidate's portion of shared election expense* <input style="width: 100px;" type="text"/>																																		
Amount paid directly to supplier (if applicable) <input style="width: 100px;" type="text"/>																																		
Amount of reimbursements given to other candidate(s) <input style="width: 100px;" type="text"/>																																		
Amount of reimbursements received from other candidates <input style="width: 100px;" type="text"/>																																		
<p>*Note: Remember to include your portion of the shared expense as an election expense on form 4229 - Summary of Election Expenses.</p> <p>Full names of other candidates with whom the expense was shared:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">LAST NAME</th> <th style="width: 33%;">FIRST NAME</th> <th style="width: 33%;">MIDDLE NAME</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		LAST NAME	FIRST NAME	MIDDLE NAME																														
LAST NAME	FIRST NAME	MIDDLE NAME																																

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
 1-800-681-8683 PO Box 9275 Stn. Prov. Govt., Victoria BC V8W 9J6

4233 - TRANSFERS BETWEEN CANDIDATE'S OWN CAMPAIGN ACCOUNTS
LOCAL ELECTIONS CANDIDATE
 PLEASE PRINT IN BLOCK LETTERS



NAME OF CANDIDATE <i>n/a - Ched Elison</i>	PAGE	<input type="text"/>
		OF <input type="text"/>
Transfers between candidate's own campaign accounts in same jurisdiction		
PURPOSE		AMOUNT
TOTAL		A <input style="width: 50px;" type="text"/>
Transfers from candidate's own campaign accounts in other jurisdictions		
DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)	AMOUNT
TOTAL		B <input style="width: 50px;" type="text"/>
The amounts in boxes A and B must be carried forward to form 4222.		

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
 1-800-661-8883 PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6

4234 - DISBURSEMENT OF SURPLUS FUNDS
LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE		<i>Chad Elckson</i>
Balance remaining in campaign account(s) after payment of all expenses	<i>N/A</i>	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

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

4235 - FREE ADVERTISING FROM JURISDICTION

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE <i>Chad Eliason</i>		
Free advertising provided by jurisdiction		
DATE ADVERTISING WAS TRANSMITTED (YYYY/MM/DD)	JURISDICTION	MEANS OF TRANSMISSION (WEBSITE, FLYER, ETC.)
Oct 15	SALMON ARM	#/A
Oct 22	SALMON ARM	
Oct 24	SALMON ARM	All Candidates Questions + Answers
NOV 5	SALMON ARM	SALMON ARM OBSERVED.
NOV 12	SALMON ARM	Black Press

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
1-800-661-8883 PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6

4236 - PREVIOUS FINANCIAL AGENTS
LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE <i>Chad Elderson</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)

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