

4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

Amendment # _____

CANDIDATE'S FULL NAME MICHELE LOMBARDI		GENERAL VOTING DAY (YYYY/MM/DD) 2014/11/15	
BALLOT NAME (IF DIFFERENT FROM ABOVE) MIKE LOMBARDI		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) SCHOOL TRUSTEE	
MAILING ADDRESS 513 - 2268 REDBUD LANE		PHONE NO. 604-306-6948	
CITY / TOWN VANCOUVER	POSTAL CODE V6K 4S6	EMAIL (IF AVAILABLE) mikelombardi@telus.net	
JURISDICTION SCHOOL DISTRICT 39			
ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELECTORAL AREA (IF APPLICABLE)			
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE) VISION VANCOUVER			
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE) VISION VANCOUVER ELECTOR ASSOCIATION			
FINANCIAL AGENT'S LAST NAME KANG	FIRST NAME OPREET	MIDDLE NAME	
FINANCIAL AGENT'S MAILING ADDRESS 4635 STATION MAIN PO BOX 4635 STATION MAIN		PHONE NO. 604-568-6913	
CITY / TOWN VANCOUVER	POSTAL CODE V6B 4A1	EMAIL (IF AVAILABLE) FINANCIAL.AGENT@VOTEVISION.CA	
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD) 2013/12/01 - 2014/05/05	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"/>	

4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT

LOCAL ELECTIONS CANDIDATE



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SEE AMENDMENT

Amendment# _____

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CITY / TOWN VANCOUVER	POSTAL CODE V6K 4S6	EMAIL (IF AVAILABLE) mikelombardi@telus.net	
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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



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NAME OF CANDIDATE MICHELE LOMBARDI
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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 	DATE: (YYYY/MM/DD) 2015/02/09
PRINTED NAME OF CANDIDATE Michele Lombardi	

SIGNATURE OF FINANCIAL AGENT 	DATE: (YYYY/MM/DD) 2015/02/09
PRINTED NAME OF FINANCIAL AGENT Opreet Kang	

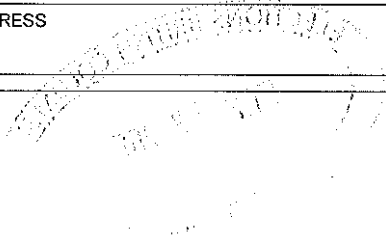
Campaign accounts:

NAME OF SAVINGS INSTITUTION N/A
ADDRESS

NAME OF SAVINGS INSTITUTION
ADDRESS

NAME OF SAVINGS INSTITUTION
ADDRESS

NAME OF SAVINGS INSTITUTION
ADDRESS

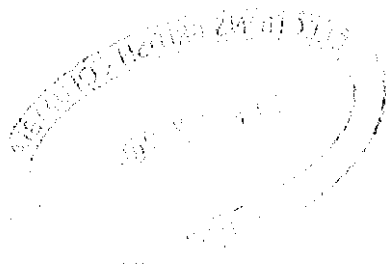


4222 - STATEMENT OF INCOME AND EXPENSES
LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE MICHELE LOMBARDI	
Total value of campaign contributions from all sources (from box C on form 4223)	<input style="width: 150px; height: 20px;" type="text"/>
Transfers received from elector organization (from box A on form 4226)	<input style="width: 150px; height: 20px;" type="text"/>
Total other permissible deposits (from box A on form 4227)	<input style="width: 150px; height: 20px;" type="text"/>
Transfers from candidate's own accounts in other jurisdictions (from box A on form 4233)	<input style="width: 150px; height: 20px;" type="text"/>
Total Income (sum of above boxes)	<input style="width: 150px; height: 20px; text-align: right;" type="text" value="0.00"/> <input style="width: 20px; height: 20px; text-align: center;" type="text" value="A"/>
Election expenses (from box A on form 4229)	<input style="width: 150px; height: 20px;" type="text"/>
Transfers to elector organization (from box A on form 4230)	<input style="width: 150px; height: 20px;" type="text"/>
Total other permissible payments (from box A on form 4231)	<input style="width: 150px; height: 20px;" type="text"/>
Transfers to candidate's own accounts in other jurisdictions (from box B on form 4233)	<input style="width: 150px; height: 20px;" type="text"/>
Amount of surplus funds disbursed (from box A on form 4234)	<input style="width: 150px; height: 20px;" type="text"/>
Total Expenditures (sum of above boxes)	<input style="width: 150px; height: 20px; text-align: right;" type="text" value="0.00"/> <input style="width: 20px; height: 20px; text-align: center;" type="text" value="B"/>



4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS
LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE
 MICHELE LOMBARDI

		All Contributions	
	Individuals	0.00	
	Corporations	0.00	
	Unincorporated Business/Commercial Organizations	0.00	
	Trade Unions	0.00	
	Non-profit Organizations	0.00	
	Other Identifiable Contributors	0.00	
	Total	\$ 0.00	A
	Anonymous contributions	\$ 0.00	B
	Total contributions (A + B)	\$ 0.00	C
	Total significant contributions (must equal box A on all forms 4224)	\$ 0.00	
	Total contributions of less than \$100	\$ 0.00	

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

Number of anonymous contributors # 0

4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS
LOCAL ELECTIONS CANDIDATE

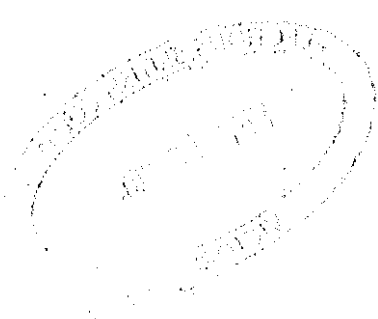


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NAME OF CANDIDATE MICHELE LOMBARDI	PAGE 1 OF 1
INSTRUCTIONS: Complete one sheet for each prohibited campaign contribution received. Attach additional forms if necessary.	

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



4228 - FUNDRAISING FUNCTION TICKET SALES

LOCAL ELECTIONS CANDIDATE

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SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD



NAME OF CANDIDATE MICHELE LOMBARDI		PAGE <input style="width: 20px;" type="text" value="1"/>
		OF <input style="width: 20px;" type="text" value="1"/>
DATE OF EVENT (YYYY/MM/DD) NA	DESCRIPTION OF FUNDRAISING EVENT NA	

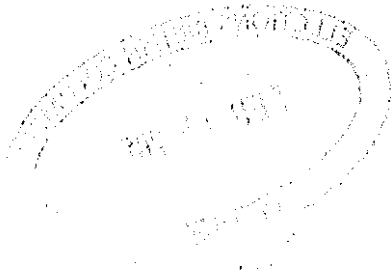
Income reported as campaign contributions

	Number of Tickets Sold	Charge per Ticket	Total Charges Collected	Tick if Charge per Ticket Varies
Purchases by organizations				<input type="checkbox"/>
Purchases by individuals of more than \$250 worth of tickets				<input type="checkbox"/>
Purchases by individuals of tickets that are more than \$50 each				<input type="checkbox"/>
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				<input type="checkbox"/>



4229 - SUMMARY OF ELECTION EXPENSES

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE MICHELE LOMBARDI
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	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	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">A</td> <td style="width: 100px; text-align: center;">0.00</td> </tr> </table>	A	0.00	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">B</td> <td style="width: 100px; text-align: center;">0.00</td> </tr> </table>	B	0.00
A	0.00					
B	0.00					

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.

4232 - SHARED ELECTION EXPENSE

LOCAL ELECTIONS CANDIDATE

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SUBMIT A SEPARATE FORM FOR EACH SHARED ELECTION EXPENSE

NAME OF CANDIDATE MICHELE LOMBARDI	PAGE <input style="width: 20px;" type="text" value="1"/> OF <input style="width: 20px;" type="text" value="1"/>
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DESCRIPTION OF SHARED EXPENSE NA
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Total value of shared election expense	0.00
Candidate's portion of shared election expense*	0.00
Amount paid directly to supplier (if applicable)	0.00
Amount of reimbursements given to other candidate(s)	0.00
Amount of reimbursements received from other candidates	0.00

***Note:** Remember to include your portion of the shared expense as an election expense on form 4229 - Summary of Election Expenses.

Full names of other candidates with whom the expense was shared:

LAST NAME	FIRST NAME	MIDDLE NAME

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



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NAME OF CANDIDATE
MICHELE LOMBARDI

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 0.00

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 0.00

The amounts in boxes A and B must be carried forward to form 4222.

4236 - PREVIOUS FINANCIAL AGENTS
LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE MICHELE LOMBARDI		
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)

