

# 4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT

## LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

Amendment # \_\_\_\_\_

CANDIDATE'S FULL NAME <b>HELENE FRANCES PARKINSON</b>		GENERAL VOTING DAY (YYYY/MM/DD) <b>2016/04/09</b>	
BALLOT NAME (IF DIFFERENT FROM ABOVE)		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) <b>COUNCILLOR</b>	
MAILING ADDRESS <b>790 SHAKESPEARE STREET</b>		PHONE NO. <b>250 368-8650</b>	
CITY/TOWN <b>TRAIL</b>	POSTAL CODE <b>B.C. V1R 2B4</b>	EMAIL (IF AVAILABLE) <b>olliemike@shaw.ca</b>	
JURISDICTION <b>VILLAGE OF WARFIELD</b>			
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)	<b>If there were previous financial agents, complete form 4236.</b>		
<input checked="" type="checkbox"/> Tick if candidate acted as their own financial agent		<input type="checkbox"/> Tick if candidate was registered as a third party sponsor	
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.  
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The information on this form is collected under the authority of the *Local Elections Campaign Financing Act* and the *Freedom of Information and Protection of Privacy Act*. It will be used to administer campaign financing rules. If you have questions about the collection, use or disclosure of this information, contact the Elections BC Privacy Officer at 1-800-661-8683, electionsbc@elections.bc.ca or PO Box 9275 Stn Prov Govt Victoria, BC V8W 9J6.

# 4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS

## LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE  
*ARLENE FRANCES PARKINSON*

**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 *[Signature]* DATE: (YYYY/MM/DD) *05 May 2016/05/11*

PRINTED NAME OF CANDIDATE  
*ARLENE FRANCES PARKINSON*

SIGNATURE OF FINANCIAL AGENT DATE: (YYYY/MM/DD)

PRINTED NAME OF FINANCIAL AGENT

**Campaign accounts:** *N/A*

NAME OF SAVINGS INSTITUTION  
 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 ARLENE FRANCES PARKINSON

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**



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NAME OF CANDIDATE

ARLENE FRANCES PARKINSON

**All Contributions**

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

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**



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NAME OF CANDIDATE ARLENE FRANCES PARKINSON PAGE 1  
 OF 1

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

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	<del>0</del>
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# 4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS

## LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE <div style="font-size: 1.5em; font-family: cursive; margin-top: 5px;">HALENE FRANCES PARKINSON</div>	PAGE <input style="width: 30px;" type="text" value="1"/> OF <input style="width: 30px;" type="text" value="1"/>
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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

**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

N/A

# 4226 - TRANSFERS RECEIVED FROM ELECTOR ORGANIZATION

## LOCAL ELECTIONS CANDIDATE

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NAME OF CANDIDATE HELENE FRANCES PARKINSON

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 different than ballot name.

**TOTAL    A**

**4227 - OTHER PERMISSIBLE DEPOSITS  
TO CAMPAIGN ACCOUNT**

**LOCAL ELECTIONS CANDIDATE**

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NAME OF CANDIDATE <b>ARLENE FRANCES PARKINSON</b>	PAGE <u>1</u>
	OF <u>1</u>

DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AMOUNT

\* TYPE:  
 I – Interest  
 D – Dividends of shares paid by credit union  
 S – Surplus funds from previous election returned by jurisdiction  
 F – Fundraising income not reported as a campaign contribution  
 O – Other (describe)

<b>TOTAL</b>	<b>A</b>	
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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 <b>ALENE FRANCES PARKINSON</b>	PAGE <b>1</b>
	OF <b>1</b>
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="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				<input type="checkbox"/>

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"/>

N/A

# 4229 - SUMMARY OF ELECTION EXPENSES

## LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE **ARLENE FRANCES PARKINSON**

	Column A Election Expenses	Column B Election Proceedings Period Expenses
<b>ADVERTISING</b>		
<del>XXXX</del> ← <b>BUSINESS CARDS</b> Brochures, pamphlets and flyers	14.37	
<i>This is just a value as I already had the cards + printed them on my own personal printer</i>		
Internet		
Newspaper, magazine, journal		
Radio		
Signs and billboards		
Television		
Other advertising		

<b>CAMPAIGN ADMINISTRATION</b>		
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		

<b>EXCLUSIONS THAT MUST BE REPORTED</b>		
Personal election expenses		
Interest on loans for election expenses		
Legal and accounting services		
Financial agent services		
Other expenses (describe)		

**Total Expenses**    **A**    14.37    **B**

**Column A** - Report the value of all election expenses for goods and services used in the campaign period.

**Column B** - Report the value of all election expenses for goods and services used in the election proceedings period.

### 4230 - TRANSFERS GIVEN TO ELECTOR ORGANIZATION LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE <span style="font-size: 1.2em; font-family: cursive;">ARLENE FRANCES PARKINSON</span>	PAGE <input style="width: 30px; text-align: center;" type="text" value="1"/>  OF <input style="width: 30px; text-align: center;" type="text" value="1"/>
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DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER

*Also include legal name if different than ballot name.	<b>TOTAL</b>	A <span style="font-size: 1.5em; font-family: cursive; margin-left: 10px;">12</span>
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### 4231 - OTHER PERMISSIBLE PAYMENTS FROM CAMPAIGN ACCOUNT LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE <span style="font-size: 1.2em; font-family: cursive;">ARLENE FRANCES PARKINSON</span>	PAGE <input style="width: 40px;" type="text" value="1"/> OF <input style="width: 40px;" type="text" value="1"/>
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DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AMOUNT

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

<b>TOTAL</b>	<b>A</b>	✍️
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 1-800-661-8683 PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6

# 4232 - SHARED ELECTION EXPENSE

## LOCAL ELECTIONS CANDIDATE

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SUBMIT A SEPARATE FORM FOR EACH SHARED ELECTION EXPENSE

NAME OF CANDIDATE: ARLENE FRANCES PARKINSON

PAGE 1

OF 1

DESCRIPTION OF SHARED EXPENSE

Total value of shared election expense

Candidate's portion of shared election expense\*

Amount paid directly to supplier (if applicable)

Amount of reimbursements given to other candidate(s)

Amount of reimbursements received from other candidates

**\*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**



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE  
*HELENE FRANCES PARKINSON*

PAGE *1*  
OF *1*

**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
<b>TOTAL</b>		<b>A</b>

**Transfers to candidate's own campaign accounts in other jurisdictions**

DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)	AMOUNT
<b>TOTAL</b>		<b>B</b>

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

# 4234 - DISBURSEMENT OF SURPLUS FUNDS

## LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE ARLENE FRANCES PARKINSON

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) \$

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

N/A





**4236 - PREVIOUS FINANCIAL AGENTS**  
**LOCAL ELECTIONS CANDIDATE**



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE <b>HELENE FRANCES PARKINSON</b>		
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)