

# 4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT

## LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

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

CANDIDATE'S FULL NAME <b>ARLENE 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  
**VILLAGE OF WARFIELD**

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 financial agents, complete form 4236.	

Tick if candidate acted as their own financial agent       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.  
**ORIGINAL — ELECTIONS BC**  
 PLEASE KEEP A COPY FOR YOUR RECORDS

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**



PLEASE PRINT IN BLOCK LETTERS

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

*Ar Parkinson*

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**



PLEASE PRINT IN BLOCK LETTERS

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**

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



PLEASE PRINT IN BLOCK LETTERS

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**

**SEE  
AMENDMENT**

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 ARLENE FRANCES PARKINSON

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

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



# 4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS

## LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

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

N/A







# 4228 - FUNDRAISING FUNCTION TICKET SALES

## LOCAL ELECTIONS CANDIDATE

PLEASE PRINT IN BLOCK LETTERS

SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD



NAME OF CANDIDATE <b>HELENE FRANCES PARKINSON</b>	PAGE <input type="text" value="1"/> OF <input type="text" value="1"/>
--	--

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

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="text"/>

N/A

# 4229 - SUMMARY OF ELECTION EXPENSES

## LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

ARLENE FRANCES PARKINSON

**ADVERTISING**

~~ADVERTISING~~ ←

*This is just a value as I already had the cards + printed them on my own personal printer*

**BUSINESS CARDS**  
Brochures, pamphlets and flyers

**Column A**

**Election Expenses**

**Column B**

**Election Proceedings Period Expenses**

<del>14.37</del>
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**

<b>A</b>	<del>14.37</del>
----------	------------------

<b>B</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.

# 4229 - SUMMARY OF ELECTION EXPENSES

## LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

ARLENE FRANCES PARKINSON

**ADVERTISING**

~~\*~~ ← BUSINESS CARDS

*This is just a value as I already had the cards + printed them on my own personal printer*

**CAMPAIGN ADMINISTRATION**

**SEE AMENDMENT**

**Column A**

**Election Expenses**

**Column B**

**Election Proceedings Period Expenses**

Brochures, pamphlets and flyers	14.37	
Internet		
Newspaper, magazine, journal		
Radio		
Signs and billboards		
Television		
Other advertising		

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**

<b>A</b>	14.37	<b>B</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.







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



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE: MARLENE 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.







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



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE <i>HALENE FRANCES PARKINSON</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)