

# DISCLOSURE STATEMENT COVER PAGE

#### LOCAL ELECTIONS CANDIDATE

**4300** (22/02)

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

					GENERAL VOTING DAY (YYYY/MM/DD) 2022/10/15	
CANDIDATE'S FULL NAME				BALLOT NAME (IF DIFFI	ERENT)	
Faith Mapayi						
CANDIDATE'S MAILING ADDRESS				PHONE NUMBER		
505 - 1675 Crescent View Drive				250 668 6174		
CITY/TOWN	PROV.	POSTAL (	CODE	EMAIL (IF AVAILABLE)		
Nanaimo	BC	V9S	0A8	faymutex@gmail.c	om	
JURISDICTION	•	· · · · ·		OFFICE SOUGHT		
Nanaimo - Ladysmith, BC. (School District 68)	)			School Board Trus	tee	
ELECTION AREA				1		
Nanaimo - Ladysmith, BC (School District 68)						
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION	(IF APPL	ICABLE)				
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (	IF DIFFEF	RENT)				
✓ Tick if candidate is their own financial agent			Ticl	k if candidate was also a third party sponsor		
FINANCIAL AGENT'S FULL NAME (IF NOT ACTING AS OWN	)			EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)		
FINANCIAL AGENT'S MAILING ADDRESS				PHONE NUMBER		
CITY/TOWN	PROV.	POSTAL (	CODE	EMAIL (IF AVAILABLE)		
	1					
ZERO CAMPAIGN ACTIVITY Candidates with zero campaign activity may file this form c	only If an	of the co	nditions a	are not met file other		
forms applicable to the campaign.	niny. in an			are not met, ne other		
<ol> <li>No income or deposits, including funds from the candidate, contributions, donations, gifts, loans, funds from previous elections, transfers, etc.</li> <li>No expenses, including signs reused from previous elections, campaign account fees, etc.</li> <li>Did not have a campaign account.</li> <li>Did not change financial agents during this election.</li> </ol>					Tick if candidate had zero campaign activity	
NOTE - ENDORSED CANDIDATES MUST ALS		UDE A	COPY	OF THEIR CAMPAIC	GN FINANCING ARRANGEMENT.	
<b>DECLARATION:</b> 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.						
SIGNATURE OF CANDIDATE			SIGNATU	GNATURE OF FINANCIAL AGENT		
Faith Mapayi						
DATE (YYYY/MM/DD)			DATE (YY	YYY/MM/DD)		
2022/12/14						
WARNING: Signing a false declaration is a serious offend	e and is	subject to	significar	nt penalties.		

#### Please submit your report to Elections BC: electoral.finance@elections.bc.ca



### CAMPAIGN FINANCING SUMMARY LOCAL ELECTIONS CANDIDATE

**4301** (22/04)

NAME OF CANDIDATE

INCOME	
Value of campaign contributions from all sources (box <b>A</b> , Form 4302)	
Amount of all permissible loans received (box <b>B</b> , Form 4304)	
Other income and transfers received (box <b>A</b> , Form 4305)	
<b>TOTAL INCOME</b> (sum of above boxes)	0.00
EXPENSES	
Election period expenses (box <b>A</b> , Form 4307)	
Campaign period expenses (box <b>B</b> , Form 4307)	
Election period expenses not subject to limits (box <b>D</b> , Form 4307)	
Campaign period expenses not subject to limits (box <b>E</b> , Form 4307)	
Other expenses and transfers given (box <b>A</b> , Form 4309)	
Balance remaining in campaign account(s) after payment of all expenses (box <b>A</b> , Form 4311)	
TOTAL EXPENSES (sum of above boxes)	0.00

Campaign Account(s)
NAME OF SAVINGS INSTITUTION
ADDRESS
NAME OF SAVINGS INSTITUTION
ADDRESS

This information is collected under the authority of the Local Elections Campaign Financing Act and the Freedom of Information and Protection of Privacy Act. The information will be used to administer provisions under the Local Elections Campaign Financing Act. Questions can be directed to: Privacy Officer, Elections BC 1-800-661-8683, privacy@elections.bc.ca or PO Box 9275 Sth Prov Govt, Victoria BC V8W 9Jb.



## SUMMARY OF CAMPAIGN CONTRIBUTIONS

#### LOCAL ELECTIONS CANDIDATE

**4302** (22/03)

NAME OF CANDIDATE

Campaign contributions include monetary and in-kind contributions. Campaign contributions from the candidate must be reported in the same way as contributions from other sources. Do not include anonymous contributions with contributions less than \$100.

Number of contributors who gave less than \$100	#	Total contributions of less than \$100	\$
Number of anonymous contributors	#	Anonymous contributions	\$
Total valu	ue of contributions	s of \$100 or more (box <b>A</b> , Form 4303)	\$
		TOTAL CONTRIBUTIONS	\$ 0.00 <b>A</b>



## CAMPAIGN CONTRIBUTIONS WITH A TOTAL VALUE OF \$100 OR MORE

#### LOCAL ELECTIONS CANDIDATE

**4303** (22/03)

 NAME OF CANDIDATE
 PAGE

 OF
 OF

#### Attach additional forms if necessary.

ADDRESS	CITY	PROV.	POSTAL CODE	DATE RECEIVED	CONTRIBUTION AMOUNT	TOTAL OF CONTRIBUTOR'S
			. COIRE CODE	(YYYY/MM/DD)	/	CONTRIBUTIONS
SUBTOTAL OF THIS PAGE						
			TOTAL CON	ITRIBUTIONS FORM(S) 4303	Α	
				0.111(0) 1000		
					LICONTRIBUTIONS FROM ALL FORM(S) 4393	



# PERMISSIBLE LOANS RECEIVED

#### LOCAL ELECTIONS CANDIDATE

**4304** (22/02)

PAGE OF

NAME OF CANDIDATE

Complete one entry for each permissible loan received. Attach additional forms if necessary. Permissible loans from the candidate must be disclosed in the same way as permissible loans from other sources.

LOAN			
NAME OF LENDER			]
RESIDENTIAL ADDRESS OF LENDER (IF INDIVIDUAL	)		
LOAN DETAILS		7	_
DATE RECEIVED (YYYY/MM/DD)	DATE DUE (YYYY/MM/DD)	\$ ORIGINAL AMOUNT OF LOAN	
\$ AMOUNT OF LOAN OUTSTANDING	LOAN INTEREST RATE %	PRIME RATE* %	
Report all loan payments on Form 4309.			
NAME OF LENDER			
RESIDENTIAL ADDRESS OF LENDER (IF INDIVIDUAL	)		
LOAN DETAILS			_
DATE RECEIVED (YYYY/MM/DD)	DATE DUE (YYYY/MM/DD)	\$ ORIGINAL AMOUNT OF LOAN	
\$ AMOUNT OF LOAN OUTSTANDING	LOAN INTEREST RATE %	PRIME RATE* %	
Report all loan payments on Form 4309.			

TOTAL AMOUNT OF ALL LOANS RECEIVED (Sum of all boxes A on Form(s) 4304)

В

RESIDENTIAL ADDRESS: REQUIRED FOR INDIVIDUAL LENDERS ONLY

\*PRIME RATE OF INTEREST:

REQUIRED FOR LOANS FROM SAVINGS INSTITUTIONS - AVAILABLE ON ELECTIONS BC WEBSITE

This information is collected under the authority of the Local Elections Campaign Financing Act and the Freedom of Information and Protection of Privacy Act. The information will be used to administer provisions under the Local Elections Campaign Financing Act. Questions can be directed to: Privacy Officer, Elections BC 1800-661-8633. privacy@elections.bc.ca or PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6.



## OTHER INCOME AND TRANSFERS RECEIVED

#### LOCAL ELECTIONS CANDIDATE

**4305** (22/03)

PAGE OF

NAME OF CANDIDATE

#### Report all transfers received and income that are not campaign contributions or loans on this form.

DATE (YYYY/MM/DD)	DESCRIPTION	\$ AMOUNT	
	TOTAL	0.00	)



### PROHIBITED CAMPAIGN CONTRIBUTIONS AND LOANS 4306

#### LOCAL ELECTIONS CANDIDATE

(22/02)

NAME OF CANDIDATE PAGE OF							
Complete one entry for each prohibited campaign contribution or loan received. Attach additional forms if necessary.							
PROHIBITED CONTRIBUTION							
	DATE RECEIVED (YYYY/MM/DD)		\$ VALUE	RE (YY)	DATE TURNED (Y/MM/DD)	OR	DATE REMITTED TO ELECTIONS BC (YYYY/MM/DD)
DESCRIPTION OF HOW THE PROHIBITED	CONTRIBUTION WAS RE	CEIVED					
FULL NAME OF INDIVIDUAL OR ORGANIZ	ATION			,			
ADDRESS OF ORGANIZATION, IF APPLIC	ABLE						
PROHIBITED LOAN							
DESCRIPTION OF HOW THE PROHIBITED	D LOAN WAS RECEIVED					RETI	DATE JRNED TO LENDER YYYY/MM/DD)
NAME OF LENDER							
DATE RECEIVED (YYYY/MM/DD)	DATE DUE (YY	DATE DUE (YYYY/MM/DD) \$ ORIGINAL AMOUNT OF LOAN					LOAN
LOAN INTEREST RATE %		PRIME RATE* %					

\*PRIME RATE OF INTEREST: REQUIRED FOR LOANS FROM SAVINGS INSTITUTIONS – AVAILABLE ON ELECTIONS BC WEBSITE

This information is collected under the authority of the Local Elections Campaign Financing Act and the Freedom of Information and Protection of Privacy Act. The information will be used to administer provisions under the Local Elections Campaign Financing Act. Questions can be directed to: Privacy Officer, Elections BC 1-800-661-863. privacy@elections.bc.ca or PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6.



## SUMMARY OF ELECTION EXPENSES

#### LOCAL ELECTIONS CANDIDATE

**4307** (22/03)

NAME OF CANDIDATE

Election Period Expenses - Report the value of all goods and services used in the election period. Campaign Period Expenses - Report the value of all goods and services used in the campaign period. If goods and services were used in both periods, report the full amount used in both columns (e.g., campaign signs).

ADVERTISING	ELECTION PERIOD EXPENSES	CAMPAIGN PERIOD EXPENSES
Commercial canvassing in person, by telephone, or over the internet		
Newspapers and periodicals		
Promotional materials, including newsletters, brochures, buttons and novelty items		
Radio		
Search engine marketing and optimization		
Signs		
Value of reused signs		
Social media		
Television		
Website displays		
Other expenses (describe)		
CAMPAIGN ADMINISTRATION	·	
Accounting services		
Bank charges		
Conventions, workshops and meetings		
Donations and gifts		
Fundraising functions		
Furniture and equipment		
Interest expense		
Office rent, utilities, insurance and maintenance		
Office supplies and stationary		
Postage and courier		
Professional services		
Research and data, including election surveys and polls		
Salaries and benefits		
Social functions		
Subscriptions and dues		
Telecommunications and information technology		
Travel		
Other expenses (describe)		
TOTAL EXPENSES	0.00 A	0.00 B
	PERIOD EXPENSE LIMIT	С
ELECTION EXPENSES NOT SUBJECT TO LIMITS	ELECTION PERIOD	CAMPAIGN PERIOD
Personal election expenses		
Financial agent services		
Legal and accounting services		
Interest on loans for election expenses		
TOTAL EXPENSES NOT SUBJECT TO LIMITS	0.00 <b>D</b>	0.00 E



# SHARED ELECTION EXPENSES

#### LOCAL ELECTIONS CANDIDATE

**4308** (22/02)

PAGE OF

NAME OF CANDIDATE

Report the total value of all shared election expenses in the applicable column for each period. Use a separate form for each unique group of candidates that shared election expenses. Attach additional forms if necessary.

	ELECTION PERIOD	CAMPAIGN PERIOD
Total value of shared election expenses		
Candidate's portion of shared election expenses		
Amount paid to supplier(s) (if applicable)		

Note - ensure only your portion of shared election expenses is reported on Form 4307.

Provide the full names of other candidates the election expenses were shared with and the amounts of reimbursements either received from other candidates for their portion or paid to other candidates for your portion.

	ELECTION PERIOD		CAMPAIGN PERIOD		
	Amount of re	eimbursement	Amount of re	eimbursement	
FULL NAME(S) OF OTHER CANDIDATE(S)	\$ Paid	\$ Received	\$ Paid	\$ Received	



## OTHER EXPENSES AND TRANSFERS GIVEN

#### LOCAL ELECTIONS CANDIDATE

**4309** (22/03)

PAGE OF

NAME OF CANDIDATE

#### Report all transfers given and expenses that are not election expenses on this form.

DATE (YYYY/MM/DD)	DESCRIPTION	\$ AMOUNT
	TOTAL	0.00



### **FUNDRAISING FUNCTION** LOCAL ELECTIONS CANDIDATE

**4310** (22/02)

NAME OF CANDIDATE	PAGE						
Complete a separate form for each function.							
DATE OF FUNCTION (YYYY/MM/DD) DESCRIPTION OF FUNDRAISING FUNCTION (IF JOINT FUNCTION, LIST OTHER CANDIDATE(S)	)						
A – FUNDRAISING INCOME REPORTED AS CAMPAIGN CONTRIBUTIONS All income reported as campaign contributions must also be included on Form 4302 and, if applicable, Form 4303.							
	TICK IF CHARGE PER ICKET VARIES ✓						
Purchases by eligible individuals of more than \$50 worth of tickets							
Number of eligible individuals that purchased tickets         OTHER CAMPAIGN CONTRIBUTIONS         (i.e., goods and services that are donated for the function or sold at the function for more than their market value)         DESCRIPTION         \$ VALUE							
B – FUNDRAISING INCOME NOT REPORTED AS CAMPAIGN CONTRIBUTIONS							
All income not reported as campaign contributions must also be included on Form 4305.							
	TICK IF CHARGE PER ICKET VARIES						
Purchases by eligible individuals of \$50 or less worth of tickets = =							
Number of eligible individuals that purchased tickets							
OTHER INCOME NOT REPORTED AS CAMPAIGN CONTRIBUTIONS (i.e., goods and services sold at the function for their market value or less)							
DESCRIPTION \$ VALUE							
C – COST OF FUNCTION							

The total cost of all fundraising functions must also be included on Form 4309.

The cost of a fundraising function includes goods and services such as food, drinks, prizes, decorations, venue rental, advertising, staffing, entertainment, etc.

**\$TOTAL COST OF FUNCTION** 



# DISBURSEMENT OF SURPLUS FUNDS

**4311** (22/02)

NAME OF CANDIDATE							
		Balance remaining in campaign account(s) after payment of all expenses					
	Total amount of campaign contributions from candidate						
A If the candidate made campaign contributions of money to their own campaign, they can be paid back for those amounts from the balance remaining in the campaign account(s). Enter the payment to the candidate below and go to B.							
		-	DATE (YYYY/MM/DD)	\$ AMOUNT			
		[					
В	If the amount remaining in the campaign account(s) is \$500 or more after payment of all expenses, and the candidate B has been paid back (if applicable), the funds must be paid to the jurisdiction where the candidate ran for election. Enter the payment below. If the amount remaining in the campaign account(s) is less than \$500 skip this section and go to C.						
			DATE (YYYY/MM/DD)	\$ AMOUNT			
If the amount remaining in the campaign account(s) is less than \$500 after the payment of all expenses, and the candidate has been paid back (if applicable), the funds must be disbursed as directed by the candidate. Enter this disbursement below, including a description of how the funds were disbursed.							
DATE (YYYY/MM/DD)		DESCRIPTION		\$ AMOUNT			
-							
		<u> </u>					



# FORMER FINANCIAL AGENTS

**4312** (22/02)

NAME OF CANDIDATE

#### FORMER FINANCIAL AGENTS

Enter the information below for any former financial agents during this election. Do not enter financial agent information from previous elections, or the name of the candidate if they previously acted as their own financial agent.

EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)						
FINANCIAL AGENT'S FULL NAME						
FINANCIAL AGENT'S MAILING ADDRESS			PHONE NUMBER			
CITY/TOWN	PROV.	POSTAL CODE	EMAIL (IF AVAILABLE)			
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)						
FINANCIAL AGENT'S FULL NAME						
FINANCIAL AGENT'S MAILING ADDRESS			PHONE NUMBER			
CITY/TOWN	PROV.	POSTAL CODE	EMAIL (IF AVAILABLE)			