

1/13

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

GENERAL VOTING DAY (YYYY/MM/DD)  
2022/10/15

CANDIDATE'S FULL NAME **DAVID PAUL PELLIKAN** BALLOT NAME (IF DIFFERENT)

CANDIDATE'S MAILING ADDRESS **33936 McCRIMMON DRIVE** PHONE NUMBER **778-347-4380**

CITY/TOWN **ABBOTSFORD** PROV. **BC** POSTAL CODE **V2S1Z3** EMAIL (IF AVAILABLE)

JURISDICTION **ABBOTSFORD** OFFICE SOUGHT **MAYOR**

ELECTION AREA **ABBOTSFORD**

BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE) **NA.**

LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF DIFFERENT) **NA.**

Tick if candidate is their own financial agent  Tick 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)

**ZERO CAMPAIGN ACTIVITY**  
Candidates with zero campaign activity may file this form only. If any of the conditions **are not met**, file other forms applicable to the campaign.

- No income or deposits, including funds from the candidate, contributions, donations, gifts, loans, funds from previous elections, transfers, etc.
- No expenses, including signs reused from previous elections, campaign account fees, etc.
- Did not have a campaign account.
- Did not change financial agents during this election.

Tick if candidate had zero campaign activity

**NOTE - ENDORSED CANDIDATES MUST ALSO INCLUDE A COPY OF THEIR CAMPAIGN FINANCING ARRANGEMENT.**

**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*.

SIGNATURE OF CANDIDATE **[Signature]** SIGNATURE OF FINANCIAL AGENT

DATE (YYYY/MM/DD) **2023/01/04** DATE (YYYY/MM/DD)

**WARNING:** Signing a false declaration is a serious offence and is subject to significant penalties.

Please submit your report to Elections BC: [electoral.finance@elections.bc.ca](mailto:electoral.finance@elections.bc.ca)

All forms included in this report are available for public inspection.  
PLEASE KEEP A COPY FOR YOUR RECORDS

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**CAMPAIGN FINANCING SUMMARY**  
**LOCAL ELECTIONS CANDIDATE**

NAME OF CANDIDATE

**INCOME**

Value of campaign contributions from all sources (box A, Form 4302)	650-00
Amount of all permissible loans received (box B, Form 4304)	NIL
Other income and transfers received (box A, Form 4305)	NIL
<b>TOTAL INCOME</b> (sum of above boxes)	650-00

**EXPENSES**

Election period expenses (box A, Form 4307)	650-00
Campaign period expenses (box B, Form 4307)	
Election period expenses not subject to limits (box D, Form 4307)	
Campaign period expenses not subject to limits (box E, Form 4307)	
Other expenses and transfers given (box A, Form 4309)	
Balance remaining in campaign account(s) after payment of all expenses (box A, Form 4311)	
<b>TOTAL EXPENSES</b> (sum of above boxes)	650-00

**Campaign Account(s)**

NAME OF SAVINGS INSTITUTION	TORONTO DOMINION BANK
ADDRESS	2130 SUMMIT WAY, ABBOTSFORD V2S 2C7
NAME OF SAVINGS INSTITUTION	
ADDRESS	

**SUMMARY OF CAMPAIGN CONTRIBUTIONS**  
**LOCAL ELECTIONS CANDIDATE**

NAME OF CANDIDATE

DAVID PAUL PEUKAAN

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

# 0

Total contributions of less than \$100

\$

Number of anonymous contributors

# 0

Anonymous contributions

\$

Total value of contributions of \$100 or more (box A, Form 4303)

\$

**TOTAL CONTRIBUTIONS**

\$ A

**CAMPAIGN CONTRIBUTIONS WITH A TOTAL VALUE OF \$100 OR MORE**  
**LOCAL ELECTIONS CANDIDATE**

**4303**  
(22/03)

NAME OF CANDIDATE DAVID PAUL PELUKAAN. PAGE 2  
OF 13  
Attach additional forms if necessary.

FULL NAME OF CONTRIBUTOR	CONTRIBUTOR'S RESIDENTIAL ADDRESS				DATE RECEIVED (YYYY/MM/DD)	CONTRIBUTION AMOUNT	TOTAL OF CONTRIBUTOR'S CONTRIBUTIONS
	ADDRESS	CITY	PROV.	POSTAL CODE			
BETSY ROBERTS	[REDACTED]					150.00	
SUE HENDLE						500.00	
<b>SUBTOTAL OF THIS PAGE</b>						650.00	
<b>TOTAL CONTRIBUTIONS FROM ALL FORM(S) 4303</b>						650.00	A

NAME OF CANDIDATE <div style="font-size: 1.2em; font-family: cursive;">DAVID PAUL PELLIKAAN.</div>	PAGE <span style="border: 1px solid black; padding: 2px;">3</span> OF <span style="border: 1px solid black; padding: 2px;">13</span>
<b>Complete one entry for each permissible loan received. Attach additional forms if necessary.</b> <b>Permissible loans from the candidate must be disclosed in the same way as permissible loans from other sources.</b>	

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

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

<b>TOTAL AMOUNT OF ALL LOANS RECEIVED</b> (Sum of all boxes A on Form(s) 4304)	<div style="font-size: 1.5em; font-family: cursive;">NONE</div>	<b>B</b>
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**RESIDENTIAL ADDRESS:**  
REQUIRED FOR INDIVIDUAL LENDERS ONLY

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

NAME OF CANDIDATE <div style="font-size: 1.5em; font-family: cursive;">DAVID PAUL PECCIKANN</div>	PAGE <span style="border: 1px solid black; padding: 2px;">4</span> OF <span style="border: 1px solid black; padding: 2px;">13</span>
Report all transfers received and income that are not campaign contributions or loans on this form.	

DATE (YYYY/MM/DD)	DESCRIPTION	\$ AMOUNT
	None	
<b>TOTAL</b>		<span style="font-size: 2em; font-family: cursive;">0</span>

This form is available for public inspection.  
PLEASE KEEP A COPY FOR YOUR RECORDS

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NAME OF CANDIDATE <div style="font-size: 2em; font-family: cursive; text-align: center;">DAVID PAUL BELLIKAN</div>	PAGE <span style="border: 1px solid black; padding: 2px;">5</span> OF <span style="border: 1px solid black; padding: 2px;">13</span>
<b>Complete one entry for each prohibited campaign contribution or loan received. Attach additional forms if necessary.</b>	

PROHIBITED CONTRIBUTION					
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					
FULL NAME OF INDIVIDUAL OR ORGANIZATION					
ADDRESS OF ORGANIZATION, IF APPLICABLE					

PROHIBITED LOAN		
DESCRIPTION OF HOW THE PROHIBITED LOAN WAS RECEIVED	DATE RETURNED TO LENDER (YYYY/MM/DD)	
NAME OF LENDER		
DATE RECEIVED (YYYY/MM/DD)	DATE DUE (YYYY/MM/DD)	\$ ORIGINAL AMOUNT OF LOAN
LOAN INTEREST RATE %	PRIME RATE* %	

None

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

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**SUMMARY OF ELECTION EXPENSES**  
**LOCAL ELECTIONS CANDIDATE**

6/13  
**4307**  
(22/03)

NAME OF CANDIDATE

**DAVID PAUL PEELIKAAN**

**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).**

	ELECTION PERIOD EXPENSES	CAMPAIGN PERIOD EXPENSES
<b>ADVERTISING</b>		
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	650-00	
Value of reused signs		
Social media		
Television		
Website displays		
Other expenses (describe)		
<b>CAMPAIGN ADMINISTRATION</b>		
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)		
<b>TOTAL EXPENSES</b>	650-00 A	B
<b>CAMPAIGN PERIOD EXPENSE LIMIT</b>		C
<b>ELECTION EXPENSES NOT SUBJECT TO LIMITS</b>		
Personal election expenses		
Financial agent services		
Legal and accounting services		
Interest on loans for election expenses		
<b>TOTAL EXPENSES NOT SUBJECT TO LIMITS</b>	D	E





NAME OF CANDIDATE <div style="font-size: 1.5em; font-family: cursive; margin-top: 5px;">DAVID PAUL PEELUKAAN</div>	PAGE <span style="border: 1px solid black; padding: 2px;">8</span> OF <span style="border: 1px solid black; padding: 2px;">13</span>
<b>Report all transfers given and expenses that are not election expenses on this form.</b>	

DATE (YYYY/MM/DD)	DESCRIPTION	\$ AMOUNT
<b>TOTAL</b>		<div style="font-size: 1.5em; font-family: cursive; margin-left: 20px;">NIL</div> <div style="text-align: right; margin-right: 5px;">A</div>

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NAME OF CANDIDATE <span style="font-size: 1.5em; font-family: cursive;">DAVID PAUL BULLIKAN.</span>	PAGE <span style="border: 1px solid black; padding: 2px;">9</span> OF <span style="border: 1px solid black; padding: 2px;">13</span>
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**Complete a separate form for each function.**

DATE OF FUNCTION (YYYY/MM/DD)	DESCRIPTION OF FUNDRAISING FUNCTION (IF JOINT FUNCTION, LIST OTHER CANDIDATE(S))
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**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.

TICKET SALES (includes function entry fees)	NUMBER OF TICKETS SOLD	CHARGE PER TICKET	TOTAL CHARGES COLLECTED	TICK IF CHARGE PER TICKET 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
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**B – FUNDRAISING INCOME NOT REPORTED AS CAMPAIGN CONTRIBUTIONS**  
All income not reported as campaign contributions must also be included on Form 4305.

TICKET SALES (includes function entry fees)	NUMBER OF TICKETS SOLD	CHARGE PER TICKET	TOTAL CHARGES COLLECTED	TICK IF CHARGE PER TICKET 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
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**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.

	<b>\$ TOTAL COST OF FUNCTION</b> <span style="font-size: 1.5em; font-family: cursive;">NIL</span>
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**DISBURSEMENT OF SURPLUS FUNDS**  
**LOCAL ELECTIONS CANDIDATE**

10/13  
**4311**  
(22/02)

NAME OF CANDIDATE **DAVID PAUL PELLIKAAN**

Balance remaining in campaign account(s) after payment of all expenses  **A**

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

**B** If the amount remaining in the campaign account(s) is \$500 or more after payment of all expenses, and the candidate 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

**C** 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
		<b>NIL</b>

NAME OF CANDIDATE	DAVID PAUL REELIKANN
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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)	