


Amendment # _____

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|--|--------------------|---|--|
| GENERAL VOTING DAY (YYYY/MM/DD) 2022/10/15 | | | |
| CANDIDATE'S FULL NAME Kristine Anne Wickner | | BALLOT NAME (IF DIFFERENT) Kristine Wickner | |
| CANDIDATE'S MAILING ADDRESS 551 24 St SE | | PHONE NUMBER 250-515-1037 | |
| CITY/TOWN Salmon Arm | PROV. BC | POSTAL CODE V1E1K9 | EMAIL (IF AVAILABLE) kristinewickner@gmail.com |
| JURISDICTION Municipality | | OFFICE SOUGHT Councilor | |
| ELECTION AREA Salmon Arm | | | |
| BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE) | | | |
| LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF DIFFERENT) | | | |
| <input checked="" type="checkbox"/> Tick if candidate is their own financial agent | | <input type="checkbox"/> 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 | | <input type="checkbox"/> Tick if candidate had 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. | | | |
| <ol style="list-style-type: none"> 1. No income or deposits, including funds from the candidate, contributions, donations, gifts, loans, funds from previous elections, transfers, etc. 2. No expenses, including signs reused from previous elections, campaign account fees, etc. 3. Did not have a campaign account. 4. Did not change financial agents during this election. | | | |
| 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 <i>Local Elections Campaign Financing Act</i> . | | | |
| SIGNATURE OF CANDIDATE  | | SIGNATURE OF FINANCIAL AGENT | |
| DATE (YYYY/MM/DD) 2022/01/09 | | 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

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|---------------------------------------|
| NAME OF CANDIDATE Kristine Wickner |
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| INCOME | |
| Value of campaign contributions from all sources (box A , Form 4302) | 2,251.41 |
| Amount of all permissible loans received (box B , Form 4304) | 0.00 |
| Other income and transfers received (box A , Form 4305) | 0.00 |
| TOTAL INCOME (sum of above boxes) | 2,251.41 |
| EXPENSES | |
| Election period expenses (box A , Form 4307) | 489.01 |
| Campaign period expenses (box B , Form 4307) | 5,811.68 |
| Election period expenses not subject to limits (box D , Form 4307) | 0.00 |
| Campaign period expenses not subject to limits (box E , Form 4307) | 0.00 |
| Other expenses and transfers given (box A , Form 4309) | 0.00 |
| Balance remaining in campaign account(s) after payment of all expenses (box A , Form 4311) | 0.00 |
| TOTAL EXPENSES (sum of above boxes) | 6,300.69 |

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|-----------------------------|--|
| Campaign Account(s) | |
| NAME OF SAVINGS INSTITUTION | Salmon Arm Savings and Credit Union |
| ADDRESS | PO Box 868 370 Laekshore Drive NE Salmon Arm, BC V1E 4N9 |
| NAME OF SAVINGS INSTITUTION | |
| ADDRESS | |

SUMMARY OF CAMPAIGN CONTRIBUTIONS
LOCAL ELECTIONS CANDIDATE

NAME OF CANDIDATE
Kristine Wickner

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 # 11 Total contributions of less than \$100 \$ 475.00

Number of anonymous contributors # 0 Anonymous contributions \$ 0.00

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

TOTAL CONTRIBUTIONS \$ 475.00 **A**

NAME OF CANDIDATE

Kristine Wickner

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OF 2

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 | | | |
| Penny Oyama | | | | | 2022/09/10 | 100.00 | 100.00 |
| Timothy Walters | | | | | 2022/09/10 | 100.00 | 100.00 |
| Paige Hilland | | | | | 2022/09/10 | 100.00 | 100.00 |
| Lindsay Wong | | | | | 2022/09/21 | 100.00 | 100.00 |
| Brent Moffat | | | | | 2022/09/24 | 100.00 | 100.00 |
| Jennifer Beckett | | | | | 2022/08/11 | 100.00 | 100.00 |
| Ron Langridge | | | | | 2022/10/22 | 100.00 | 100.00 |
| Sarah Anthony | | | | | 2022/08/14 | 100.00 | 100.00 |
| Elayna Young | | | | | 2022/09/09 | 100.00 | 100.00 |
| SUBTOTAL OF THIS PAGE | | | | | | 900.00 | |
| TOTAL CONTRIBUTIONS FROM ALL FORM(S) 4303 | | | | | | 1,900.00 | A |

NAME OF CANDIDATE
Kristine Wickner

PAGE **2**
OF **2**

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 | | | |
| Kathleen Seeley | | | | | 2022/09/09 | 100.00 | 100.00 |
| Angie Macdougall | | | | | 2022/09/09 | 150.00 | 150.00 |
| Claire Askew | | | | | 2022/09/12 | 250.00 | 250.00 |
| Avram Lewis | | | | | 2022/09/10 | 500.00 | 500.00 |
| | | | | | | | |
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| | | | | | | | |

SUBTOTAL OF THIS PAGE 1,000.00

TOTAL CONTRIBUTIONS FROM ALL FORM(S) 4303 1,900.00 **A**

| | |
|---------------------------------------|--|
| NAME OF CANDIDATE Kristine Wickner | PAGE <input style="width: 40px;" type="text"/> OF <input style="width: 40px;" type="text"/> |
|---------------------------------------|--|

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 | | | |
| DATE RECEIVED (YYYY/MM/DD) | DATE DUE (YYYY/MM/DD) | \$ ORIGINAL AMOUNT OF LOAN | A |
| \$ AMOUNT OF LOAN OUTSTANDING | LOAN INTEREST RATE % | PRIME RATE* % | |
| Report all loan payments on Form 4309. | | | |

| | | | |
|---|-----------------------|----------------------------|----------|
| LOAN | | | |
| 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 | A |
| \$ 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) | <input style="width: 100%;" type="text" value="0.00"/> | B |
|---|--|----------|

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

Kristine Wickner

PAGE

OF

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

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

NAME OF CANDIDATE

Kristine Wickner

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 | 236.25 | |
| Promotional materials, including newsletters, brochures, buttons and novelty items | 144.34 | 423.93 |
| Radio | | 913.50 |
| Search engine marketing and optimization | | |
| Signs | | 4,098.17 |
| Value of reused signs | | |
| Social media | | 139.07 |
| Television | | |
| Website displays | | |
| Other expenses (describe) | | |
| CAMPAIGN ADMINISTRATION | | |
| Accounting services | | 0.00 |
| Bank charges | | 5.00 |
| Conventions, workshops and meetings | | 0.00 |
| Donations and gifts | | 0.00 |
| Fundraising functions | | 0.00 |
| Furniture and equipment | | 0.00 |
| Interest expense | | 0.00 |
| Office rent, utilities, insurance and maintenance | | 0.00 |
| Office supplies and stationary | | 0.00 |
| Postage and courier | | 0.00 |
| Professional services | | 0.00 |
| Research and data, including election surveys and polls | | 0.00 |
| Salaries and benefits | | 0.00 |
| Social functions | | 0.00 |
| Subscriptions and dues | | 123.59 |
| Telecommunications and information technology | 108.42 | 108.42 |
| Travel | | |
| Other expenses (describe) | | |
| TOTAL EXPENSES | 489.01 A | 5,811.68 B |
| CAMPAIGN PERIOD EXPENSE LIMIT | | C |
| 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 D | 0.00 E |

NAME OF CANDIDATE
Kristine Wickner

PAGE
OF

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

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

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|-------------------|--|
| NAME OF CANDIDATE | PAGE <input style="width: 20px;" type="text"/> |
| | OF <input style="width: 20px;" type="text"/> |

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.

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 | <input style="width: 95%;" type="text"/> | x | <input style="width: 95%;" type="text"/> | = | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="checkbox"/> |
| Number of eligible individuals that purchased tickets | <input style="width: 95%;" type="text"/> | | | | | |

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.

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 | <input style="width: 95%;" type="text"/> | x | <input style="width: 95%;" type="text"/> | = | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="checkbox"/> |
| Number of eligible individuals that purchased tickets | <input style="width: 95%;" type="text"/> | | | | | |

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 |
|---------------------------|