

**4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT****LOCAL ELECTIONS CANDIDATE**

PLEASE PRINT IN BLOCK LETTERS

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

CANDIDATE'S FULL NAME <i>John Wilson Brisco</i>		GENERAL VOTING DAY (YYYY/MM/DD) <i>2014/11/15</i>	
BALLOT NAME (IF DIFFERENT FROM ABOVE)		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) <i>Councillor</i>	
MAILING ADDRESS <i>640 Higdon Ave</i>		PHONE NO. <i>250-992-6690</i>	
CITY / TOWN <i>Quesnel B.C.</i>	POSTAL CODE <i>V2T 1T1</i>	EMAIL (IF AVAILABLE) <i>John.W.Brisco@gmail.com</i>	
JURISDICTION <i>Quesnel City</i>			
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 <i>BRISCO</i>	FIRST NAME <i>JOHN</i>	MIDDLE NAME <i>WILSON</i>
FINANCIAL AGENT'S MAILING ADDRESS <i>640 Higdon Ave</i>		PHONE NO. <i>250-992-6690</i>
CITY / TOWN <i>Quesnel B.C.</i>	POSTAL CODE <i>V2T 1T1</i>	EMAIL (IF AVAILABLE) <i>John.W.Brisco@gmail.com</i>
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)		If there were previous financial agents, complete form 4236.

☐ Tick if candidate was registered as a third party sponsor

☒ Tick if candidate acted as a campaign organizer

This disclosure statement includes the following forms:

Declarations and Campaign Accounts – Form 4221 ☒Summary of Election Expenses – Form 4229 ☒Statement of Income and Expenses – Form 4222 ☒Transfers Given to Elector Organization – Form 4230 ☐Summary of Campaign Contributions by Class – Form 4223 ☒Other Permissible Payments – Form 4231 ☐Significant Contributors (\$100 or more) – Form 4224 ☒Shared Election Expense – Form 4232 ☐Prohibited Campaign Contributions – Form 4225 ☐Transfers Between Candidate's Own Accounts – Form 4233 ☐Transfers Received from Elector Organization – Form 4226 ☐Disbursement of Surplus Funds – Form 4234 ☒Other Permissible Deposits – Form 4227 ☐Free Advertising from Jurisdiction – Form 4235 ☒Fundraising Function Ticket Sales – Form 4228 ☐Previous Financial Agents – Form 4236 ☐

**4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS****LOCAL ELECTIONS CANDIDATE**

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NAME OF CANDIDATE

John Wilson Brisco

**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

DATE: (YYYY/MM/DD)

2014/11/12

PRINTED NAME OF CANDIDATE

John Wilson Brisco

SIGNATURE OF FINANCIAL AGENT

DATE: (YYYY/MM/DD)

2014/11/12

PRINTED NAME OF FINANCIAL AGENT

John Wilson Brisco

**Campaign accounts:**

NAME OF SAVINGS INSTITUTION

Integris Credit Union

ADDRESS

Quesnel B.C.

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

*John Wilson Brisco*

Total value of campaign contributions from all sources (from box C on form 4223)

*1000.00*

Transfers received from elector organization (from box A on form 4226)

*0*

Total other permissible deposits (from box A on form 4227)

*0*

Transfers from candidate's own accounts in other jurisdictions (from box A on form 4233)

*0.00*

Total Income (sum of above boxes)

*1000.00*

A

Election expenses (from box A on form 4229)

*999.20*

Transfers to elector organization (from box A on form 4230)

*0*

Total other permissible payments (from box A on form 4231)

*0*

Transfers to candidate's own accounts in other jurisdictions (from box B on form 4233)

*0*

Amount of surplus funds disbursed (from box A on form 4234)

*\$ 0.80*

Total Expenditures (sum of above boxes)

*1000.00*

B

## 4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS

## LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE

John Wilson Brisco

## All Contributions

myself

Individuals

1000.00

Corporations

Incorporated Business/Commercial Organizations

Trade Unions

Non-profit Organizations

Other Identifiable Contributors

Total

\$ 1000.00

A

Anonymous contributions

\$ —

B

Total contributions (A + B)

\$ 1000.00

C

Total significant contributions (must equal box A on all forms 4224)

\$ 1000.00

Total contributions of less than \$100

\$ 0

Number of contributors who gave less than \$100

# 0

Number of anonymous contributors

# 0



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NAME OF CANDIDATE

NDIDATE John Wilson Brisco

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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	1000.00
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**4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS****LOCAL ELECTIONS CANDIDATE**

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NAME OF CANDIDATE

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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											
<p><b>Complete this field if the prohibited campaign contribution was received from an individual:</b></p> <p>NAME OF INDIVIDUAL</p>											
<p><b>Complete these fields if the prohibited campaign contribution was received from an organization:</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">NAME OF ORGANIZATION</td> <td style="width: 20%;">CLASS*</td> </tr> <tr> <td colspan="2">MAILING ADDRESS</td> </tr> <tr> <td>NAME OF DIRECTOR</td> <td>NAME OF DIRECTOR</td> </tr> </table>						NAME OF ORGANIZATION	CLASS*	MAILING ADDRESS		NAME OF DIRECTOR	NAME OF DIRECTOR
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

**4226 - TRANSFERS RECEIVED  
FROM ELECTOR ORGANIZATION  
LOCAL ELECTIONS CANDIDATE**

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NAME OF CANDIDATE

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DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER
TOTAL			A

\*Also include legal name if different than ballot name.

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NAME OF CANDIDATE \_\_\_\_\_ PAGE \_\_\_\_\_  
OF \_\_\_\_\_

[illegible]

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)

TOTAL	A
-------	---

**4228 - FUNDRAISING FUNCTION TICKET SALES****LOCAL ELECTIONS CANDIDATE**

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SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD



NAME OF CANDIDATE		PAGE <input style="width: 30px;" type="text"/>
		OF <input style="width: 30px;" type="text"/>
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				

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"/>

# 4229 - SUMMARY OF ELECTION EXPENSES

## LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE

John Wilson Briscoe

Column A

Column B

Election  
ExpensesElection Proceedings  
Period Expenses

## ADVERTISING

Brochures, pamphlets and flyers

501.21

Internet

Newspaper, magazine, journal

Radio

Signs and billboards

497.99

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

A

999.20

B

Column A - Report the value of all election expenses for goods and services used in the campaign period.  
The campaign period is from January 1, 2014 to November 15, 2014.

Column B - Report the value of all election expenses for goods and services used in the election proceedings period.  
The election proceedings period is from September 30, 2014 to November 15, 2014.

## LOCAL ELECTIONS CANDIDATE



TOTAL	A
-------	---



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NAME OF CANDIDATE

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* TYPE:		TOTAL	A
B - Bank fees			

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

PLEASE KEEP A COPY FOR YOUR RECORDS

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

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OF

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

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NAME OF CANDIDATE

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**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
TOTAL		A

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

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

John Wilson Brisco

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

\$ 0.80

A

Total amount of campaign contributions from candidate

1000.00

B

Amount reimbursed to candidate from campaign account for the candidate's contributions to their campaign

\$ 0.80

C

Date of reimbursement to candidate (YYYY/MM/DD)

2014/11/12

Amount of remaining surplus funds (after any reimbursement under box C)

0

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



## 4236 - PREVIOUS FINANCIAL AGENTS

### LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE			
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)			
FINANCIAL AGENT'S LAST NAME		FIRST 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	
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	
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	
FINANCIAL AGENT MAILING ADDRESS		PHONE NO.	
CITY/TOWN		POSTAL CODE	
		EMAIL (IF AVAILABLE)	