4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT LOCAL ELECTIONS CANDIDATE



I LEAGE I KINI IN BEGO	KELILIO		Amendme	nt #	
CANDIDATE'S FULL NAME	hell		GENERAL VOTING DAY (YYYY	(/MM/DD)	
	<u> </u>		2014 /11/15		
BALLOT NAME (IF DIFFERENT FROM ABOVE)			OFFICE SOUGHT (MAYOR, CO SCHOOL SOAR) TRUSTER	OUNCILLOR ETC) ごひらる	
MAILING ADDRESS		* .	PHONE NO.	2020 6000 400	
60x 793		1	250-847	-1314	<i>3</i>
Smithers, 8	C.	VOJ RNO	email (if available) pmichelles	d54.h	C.C.
Lucionovicus			LALLINA TO THE PARTY OF THE		
JURISDICTION	1	and the second of		1	
ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELECTOR	4001 8157	RICT #34 (SULKLEY VALLE	EY 1.	
ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELECTORAL TRUSTEE ZOINE - LAKE BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF	AL AREA (IF APPLIC	CABLE)		3	
TRUSTEE ZONE 1 - LAKE	KATHLYN	MEVELYN/	MORICETOW		
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF	APPLICABLE)				
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF A	(PPLICABLE)				
FINANCIAL AGENT'S LAST NAME FIRST	NAME		MIDDLE NAME		
NI/A					
FINANCIAL AGENT'S MAILING ADDRESS			PHONE NO.		
The stop larred in the larred has been a second			, , , , , , , , , , , , , , , , , , , ,		
CITY / TOWN		POSTAL CODE	EMAIL (IF AVAILABLE)		
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)					
	If there	were previous financia	al agents, complete form	4236.	
Tick if candidate was registered as a third party s	sponsor	Tick if candidate a	cted as a campaign organi	zer	
Tok ii dalididate iido regiotered do a tiliid party t	,ponco:	Tion is currented to	otou do a carripaign organii		
This disclosure statement includes the following forms	s:				ŕ
Declarations and Campaign Accounts - Fo	orm 4221	Summar	y of Election Expenses -	Form 4229	
Statement of Income and Expenses - Fo	rm 4222 🕡	Transfers Given	to Elector Organization -	Form 4230	
Summary of Campaign Contributions by Class - Fo	orm 4223 🚺	Other	Permissible Payments -	Form 4231	
Significant Contributors (\$100 or more) - Fo	rm 4224 🚺	Sh	ared Election Expense -	Form 4232	V
Prohibited Campaign Contributions - Fo	orm 4225	Transfers Between Can	didate's Own Accounts -	Form 4233	
Transfers Received from Elector Organization - Fo	rm 4226	Disburse	ment of Surplus Funds -	Form 4234	
Other Permissible Deposits - Fo	orm 4227 🗹	Free Adve	rtising from Jurisdiction -	Form 4235	
Fundraising Function Ticket Sales - Fo	orm 4228 🚺	Pre	vious Financial Agents —	Form 4236	M

4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE AND MICHELL	
Declaration:	
I, the undersigned, declare that to the best of my knowledge and belief, this disclosure statement correquired under the Local Elections Campaign Financing Act (LECFA).	empletely and accurately discloses the information
SIGNATURE OF CANDIDATE	DATE: (YYYY/MM/DD) 2014-12-09
PRINTED NAME OF CANDIDATE Ann Michell	
SIGNATURE OF FINANCIAL AGENT	DATE: (YYYY/MM/DD)
PRINTED NAME OF FINANCIAL AGENT	
Campaign accounts:	
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



NAME OF CANDIDATE Ann Michell		
Total value of campaign contributions from all sources (from box C on form 4223)	N/A	
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)	N/A	A
Election expenses (from box A on form 4229)	N/A	
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)	N/A	В

4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE Ann Michell		
Individuals	All Contributions	
Corporations		
Unincorporated Business/Commercial Organizations		
Trade Unions		
Non-profit Organizations		
Other Identifiable Contributors		
Total	\$ N/A	Α
Anonymous contributions	s N/A	В
Total contributions (A + B)	s N/A	С
Total significant contributions (must equal box A on all forms 4224)	\$	
Total contributions of less than \$100	s N/A]
Number of contributors who gave less than \$100	# N/A	
Number of anonymous contributors	# N/A]

4224 - SIGNIFICANT CONTRIBUTORS (\$100 OR MORE) LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE	Ann Miche			PAGE /
DATE OF	FULL NAME OF CONTRIBUTOR			VALUE OF
CONTRIBUTION (YYYY/MM/DD)	(For class 2, 3, 4, 5 & 6, include full names of two directors)	ADDRESS OF CONTRIBUTOR (For class 2, 3, 4, 5 & 6 only)	CLASS*	CONTRIBUTION
	N/A			
	-			
			THE STREET	
IF NEEDED, ATTACH AI CLASS OF CONTRIBL 1 – INDIVIDUAL, 2 – C 4 – TRADE UNION, 5 –	DDITIONAL FORMS JTOR: ORPORATION, 3 – UNINCORPORATED BUSINESS/COI - NON-PROFIT ORGANIZATION, 6 – OTHER IDENTIFIAL	MMERCIAL ORGANIZATION CONTRIB	TOTAL UTIONS	N/A

4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

INSTRUCTIONS: Complete one s	heet for each prohibi	ited campaign con	tribution received.		PAGE / OF /
RECEIVED FROM INDIVIDUAL ORGANIZATION	DATE RECEIVED (YYYY/MM/DD)	\$ VALUE	DATE RETURNED (YYYY/MM/DD)	OR	DATE REMITTED TO ELECTIONS BC (YYYY/MM/DD)
Complete this field if the prohibit			d from an individual	:	
Complete these fields if the proh	ibited campaign con	tribution was rece	ived from an organi:		CLASS*
MAILING ADDRESS				<u> </u>	
NAME OF DIRECTOR		NAME OF DIRE	CTOR		

* 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



NAME OF CANDIDATE	Ann Miche	> (PAGE /
	ANN MICHE		OF _
DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER
	N/A		
'Also include legal name if d	different than ballot name.	TOTAL	A N/A

4227 - OTHER PERMISSIBLE DEPOSITS TO CAMPAIGN ACCOUNT



LOCAL ELECTIONS CANDIDATE

	PLE	ASE PRINT IN BLOCK LETTERS			
NAME OF CANDIDATE		Ann Michell			PAGE /
DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION		AM	DUNT
		N/A			
-					
			-		
ТҮРЕ:			 TOTAL	A N	1A

D - Dividends of shares paid by credit union

O - Other (describe)

S – Surplus funds from previous election returned by jurisdiction F – Fundraising income not reported as a campaign contribution

4228 - FUNDRAISING FUNCTION TICKET SALES

LOCAL ELECTIONS CANDIDATE



SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD



ATE OF EVENT (YYYY/MM/DD) DESCRIPTION	ON OF FUNDRAISING EVE	N/A		
Income reported as campaign contribution	ns			
	Number of Tickets Sold	Charge per Ticket	Total Charges Collected	Tick if Charge per Ticket Varies
Purchases by organizations				
Purchases by individuals of more than \$250 worth of tickets				
Purchases by individuals of tickets that are more than \$50 each				
Total	income reported as	campaign contributior	าร	
Remember to report all campaign contrib and if applicable, on form 4224 - Significa	int Contributors (\$	23 - Summary of Can 100 or more).	npaign Contributio	
Other income not reported as campaign o	Number of Tickets Sold	Charge per Ticket	Total Charges Collected	Tick if Charge per Ticket Varies

4229 - SUMMARY OF ELECTION EXPENSES LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

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.

	Column A	Column B
ADVERTISING	Election Expenses	Election Proceedings Period Expenses
Brochures, pamphlets and flyers	N/A	N/A
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)		
	/	1 / .
Total Expenses	A N/A	BNA

4230 - TRANSFERS GIVEN TO ELECTOR ORGANIZATION LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE	Ann Miche	211	PAGE /
DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER
	N/A		
			1
Also include legal name if o	different than ballot name.	TOTAL	A N/A

4231 - OTHER PERMISSIBLE PAYMENTS FROM CAMPAIGN ACCOUNT LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE		Ann Michell		PAGE / OF /
DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION		AMOUNT
		N/A		
	,			
			.,,	
	100			
TYPE: B – Bank fees E – Intended election exper F – Payments made for fun	nse that wa draising pu	is not used	TOTAL	A N/A

4232 - SHARED ELECTION EXPENSE LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

SUBMIT A SEPARATE FORM FOR EACH SHARED ELECTION EXPENSE

NAME OF CANDIDATE	Michell	PAGE /		
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 \(\scale=\lambda //A \)			
*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		
N/A				

4233 - TRANSFERS BETWEEN CANDIDATE'S OWN CAMPAIGN ACCOUNTS



LOCAL ELECTIONS CANDIDATE

	nn Michell		OF
nsfers between candidate	e's own campaign accounts in same jurisdiction		
	PURPOSE		AMOUNT
	N/A		
nsfers from candidate's c	own campaign accounts in other jurisdictions		
DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)		AMOUNT
	N/A		
	/ (,		
_		TOTAL A	N/A
nefere to candidate's owi	n campaign accounts in other jurisdictions	L	1 F X
DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)		ТИОМА
(11117/////////////////////////////////	N 1 / A		
	10/14		
E			

4234 - DISBURSEMENT OF SURPLUS FUNDS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE	Ann Michell	
	Balance remaining in campaign account(s) after payment of all expenses	N/A A
	Total amount of campaign contributions from candidate	N/A B
Amount reimbursed to c	N/A c	
	Date of reimbursement to candidate (YYYY/MM/DD)	N/A
	Amount of remaining surplus funds (after any reimbursement under box C)	N/A D
If the amount in Box	x 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).	N/A
	D is less than \$500 provide details of how it was disbursed.	
DATE (YYYY/MM/DD)	DESCRIPTION	AMOUNT

4235 - FREE ADVERTISING FROM JURISDICTION LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE Ann Michell					
Free advertising provided by jurisdiction					
DATE ADVERTISING WAS TRANSMITTED (YYYY/MM/DD)	JURISDICTION	MEANS OF TRANSMISSION (WEBSITE, FLYER, ETC.)			
	N/A				

4236 - PREVIOUS FINANCIAL AGENTS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE			
Ann	Michel	ILLE	
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)