

4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

Amendment # _____

CANDIDATE'S FULL NAME <i>Ann Michell</i>		GENERAL VOTING DAY (YYYY/MM/DD) <i>2014 / 11 / 15</i>
BALLOT NAME (IF DIFFERENT FROM ABOVE) <i>PRISCILLA</i>		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) <i>SCHOOL BOARD TRUSTEE SDS4</i>
MAILING ADDRESS <i>Box 793</i>		PHONE NO. <i>250-847-1316</i>
CITY / TOWN <i>Smithers, BC</i>	POSTAL CODE <i>V0J 1Z0</i>	EMAIL (IF AVAILABLE) <i>pmichell@sds4.bc.ca</i>
JURISDICTION <i>BOARD OF EDUCATION - SCHOOL DISTRICT #54 (BULKLEY VALLEY)</i>		
ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELECTORAL AREA (IF APPLICABLE) <i>TRUSTEE ZONE 1 - LAKE KATHLYN/EVELYN/MORICE TOWN</i>		
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)		
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)		

FINANCIAL AGENT'S LAST NAME <i>N/A</i>	FIRST NAME	MIDDLE NAME
FINANCIAL AGENT'S MAILING ADDRESS		PHONE NO.
CITY / TOWN	POSTAL CODE	EMAIL (IF AVAILABLE)
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 <input checked="" type="checkbox"/>	Summary of Election Expenses – Form 4229 <input checked="" type="checkbox"/>
Statement of Income and Expenses – Form 4222 <input checked="" type="checkbox"/>	Transfers Given to Elector Organization – Form 4230 <input checked="" type="checkbox"/>
Summary of Campaign Contributions by Class – Form 4223 <input checked="" type="checkbox"/>	Other Permissible Payments – Form 4231 <input checked="" type="checkbox"/>
Significant Contributors (\$100 or more) – Form 4224 <input checked="" type="checkbox"/>	Shared Election Expense – Form 4232 <input checked="" type="checkbox"/>
Prohibited Campaign Contributions – Form 4225 <input checked="" type="checkbox"/>	Transfers Between Candidate's Own Accounts – Form 4233 <input checked="" type="checkbox"/>
Transfers Received from Elector Organization – Form 4226 <input checked="" type="checkbox"/>	Disbursement of Surplus Funds – Form 4234 <input checked="" type="checkbox"/>
Other Permissible Deposits – Form 4227 <input checked="" type="checkbox"/>	Free Advertising from Jurisdiction – Form 4235 <input checked="" type="checkbox"/>
Fundraising Function Ticket Sales – Form 4228 <input checked="" type="checkbox"/>	Previous Financial Agents – Form 4236 <input checked="" type="checkbox"/>

4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE	Ann Mitchell
-------------------	--------------

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) 2014-12-09
----------------------------	----------------------------------

PRINTED NAME OF CANDIDATE	Ann Mitchell
---------------------------	--------------

SIGNATURE OF FINANCIAL AGENT N/A	DATE: (YYYY/MM/DD)
-------------------------------------	--------------------

PRINTED NAME OF FINANCIAL AGENT	
---------------------------------	--

Campaign accounts:

NAME OF SAVINGS INSTITUTION	N/A
-----------------------------	-----

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



PLEASE PRINT IN BLOCK LETTERS

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

B

4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

Ann Mitchell

All Contributions

Individuals	N/A	
Corporations		
Unincorporated Business/Commercial Organizations		
Trade Unions		
Non-profit Organizations		
Other Identifiable Contributors		
Total	\$ N/A	A

Anonymous contributions \$ N/A **B**

Total contributions (A + B) \$ N/A **C**

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

Total contributions of less than \$100 \$ N/A

Number of contributors who gave less than \$100 # N/A

Number of anonymous contributors # N/A

4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE Ann Michell	PAGE <input style="width: 30px; height: 15px;" type="text" value="1"/> OF <input style="width: 30px; height: 15px;" type="text" value="1"/>
--	--

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 N/A

Complete this field if the prohibited campaign contribution was received from an individual:

NAME OF INDIVIDUAL

Complete these fields if the prohibited campaign contribution was received from an organization:

NAME OF ORGANIZATION N/A	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

4228 - FUNDRAISING FUNCTION TICKET SALES

LOCAL ELECTIONS CANDIDATE

PLEASE PRINT IN BLOCK LETTERS

SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD



NAME OF CANDIDATE <i>Ann Mitchell</i>	PAGE <input type="text" value="1"/>
	OF <input type="text" value="1"/>

DATE OF EVENT (YYYY/MM/DD) <i>N/A</i>	DESCRIPTION OF FUNDRAISING EVENT <i>N/A</i>
--	--

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="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Purchases by individuals of more than \$250 worth of tickets	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Purchases by individuals of tickets that are more than \$50 each	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Total income reported as campaign contributions			<input type="text"/>	

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="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

4229 - SUMMARY OF ELECTION EXPENSES

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

Ann Mitchell

Column A

Column B

Election Expenses

Election Proceedings Period Expenses

ADVERTISING

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)

Total Expenses

A

N/A

B

N/A

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.

4232 - SHARED ELECTION EXPENSE

LOCAL ELECTIONS CANDIDATE

PLEASE PRINT IN BLOCK LETTERS



SUBMIT A SEPARATE FORM FOR EACH SHARED ELECTION EXPENSE

NAME OF CANDIDATE

Ann Mitchell

PAGE 1

OF 1

DESCRIPTION OF SHARED EXPENSE

N/A

Total value of shared election expense

N/A

Candidate's portion of shared election expense*

N/A

Amount paid directly to supplier (if applicable)

N/A

Amount of reimbursements given to other candidate(s)

N/A

Amount of reimbursements received from other candidates

N/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**



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE Ann Michell

PAGE 1
OF 1

Transfers between candidate's own campaign accounts in same jurisdiction

PURPOSE	AMOUNT
N/A	

Transfers from candidate's 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

Transfers to candidate's own campaign accounts in other jurisdictions

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

The amounts in boxes A and B must be carried forward to form 4222.

4236 - PREVIOUS FINANCIAL AGENTS

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE			Ann Mitchell		
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)					
FINANCIAL AGENT'S LAST NAME		FIRST NAME	MIDDLE NAME		
		N/A			
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)		