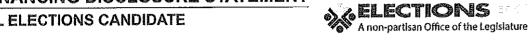
Amendment # \_\_\_

### 4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT

PLEASE PRINT IN BLOCK LETTERS

### **LOCAL ELECTIONS CANDIDATE**



CANDIDATE'S FULL NAME			GENERAL VOTING DAY (YYYY/MM/DD)
			2014/11/15
BALLOT NAME (IF DIFFERENT FROM ABOVE)			OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.)
			TRUSTEE
MAILING ADDRESS			
P.O. BOX 58	•		250-265-4760
I CITY / TOWN		POSTAL CODE	EMAIL (IF AVAILABLE)
NAKUSP, B.C.		VOG 180	PHONE NO. 250-265-4760  EMAIL (IF AVAILABLE)  JUDY. STruck ESDIO. 1666
JURISDICTION	- In	4 2 5 "May gen"	
5.D. #10 ARE ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELE	1000 hr	KED	
	k .		
IRUSTEE AT	LARG		
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATI	ON (IF APPLICABLE)		
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION	N (IF APPLICABLE)		***************************************
FINANCIAL AGENT'S LAST NAME	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 financi	al agents, complete form 4236.
	· · · · · · · · · · · · · · · · · · ·		
Tick if candidate was registered as a third p	party sponsor	Tick if candidate	acted as a campaign organizer
This disclosure statement includes the following	forms:		
Declarations and Campaign Accounts	- Form 4221	Summa	ry of Election Expenses - Form 4229
Decipiations and Campaign 1666and			
Statement of Income and Expenses	- Form 4222	Transfers Given	to Elector Organization - Form 4230
	<u></u>		
Summary of Campaign Contributions by Class	– Form 4223	Othe	r Permissible Payments - Form 4231
0) 10 (0) 11 1 (0) 10	T 4004		hared Election Expense - Form 4232
Significant Contributors (\$100 or more)	- Form 4224	3	nated Election Expense - Form 4232
Darlahitad Caumalan Confeibudiona	Earm 4225	Transfore Bohyoon Col	ndidate's Own Accounts - Form 4233
Prohibited Campaign Contributions	FUIII 4223	Halisieis Detweeli Cai	ididate 3 Ovis / 1000dillis
Transfers Received from Elector Organization	- Form 4226	Disburse	ement of Surplus Funds - Form 4234
Halioto Hooliva holli mooto organization	- 41111	2.424.6	
Other Permissible Deposits	- Form 4227	Free Adve	ertising from Jurisdiction - Form 4235
	distance to		- Teamond
Fundraising Function Ticket Sales	- Form 4228	Pr	evious Financial Agents - Form 4236

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



NAME OF CANDIDATE  JUDY CATHERINE STRUCK	
Declaration:	
I, the undersigned, declare that to the best of my knowledge and belief, this disclosure statement completely and accrequired under the Local Elections Campaign Financing Act (LECFA).	uralely discloses the Information
PRINTED NAME OF CANDIDATE  SIGNATURE OF CANDIDATE  PRINTED NAME OF CANDIDATE  STRUCK	DATE: (YYYY/MM/DD) 2015/01/13
PRINTED NAME OF CANDIDATE STRUCK	
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 - JUDY STRUCK	
Total value of campaign contributions from all sources (from box C on form 4223)	
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)	Α
Election expenses (from box A on form 4229)	
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



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

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



NAME OF CANDIDATE				PAGE
Jui	OY STRUCK	- Allendaria		OF
DATE OF CONTRIBUTION (YYYY/MM/DD)	FULL NAME OF CONTRIBUTOR (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*	VALUE OF CONTRIBUTION
			`	
-				
				:
				į
IF NEEDED, ATTACH ADD *CLASS OF CONTRIBUTO 1 - INDIVIDUAL, 2 - COR 4 - TRADE UNION, 5 - N	ITIONAL FORMS DR: PORATION, 3 - UNINCORPORATED BUSINESS/CC ON-PROFIT ORGANIZATION, 6 - OTHER IDENTIFIA	DIMMERCIAL ORGANIZATION C UBLE CONTRIBUTOR	TOTAL ONTRIBUTIONS	A NA

### 4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE  JAD J STRUCK  OF  INSTRUCTIONS: Complete one sheet for each prohibited campaign contribution received.  Attach additional forms if necessary.					
RECEIVED FROM  DATE RECEIVED RETURNED RETURNED RETURNED RYYYYMM/DD)  ORGANIZATION RECEIVED RYYYYMM/DD)  ORGANIZATION					
ANONYMOUS					
Complete this field if the prohibited campaign contribution was received from an individual:  NAME OF INDIVIDUAL					
Complete these fields if the proh	ibited campaign con	tribution was recei	ived from an organi	zation:	
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

PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE	JUDY STRUCK		OF
DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER
			`
	W/A	·	
		- Allerton	
•			/
*Also include legal name if	i ifferent than ballot name.	TOTA	LA IVIA

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Questions? Contact: Privacy Officer, Elections BC

1-800-661-8683 PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6

### 4227 - OTHER PERMISSIBLE DEPOSITS TO CAMPAIGN ACCOUNT

### LOCAL ELECTIONS CANDIDATE

<b>)</b> .(0	ELECTIONS A non-partisan Office of the Legislature
40 M	A non-partisan Office of the Legislature

NAME OF CANDIDATE		UDY STRUCK	mbblide to	PAGE	
	1 [	ş		OUNT	
DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION			
-			,		
					_
					:
	-				
					_
			<del>_</del>		
				1	
*TYPE: I Interest	داد مدد دیدا اسالت		A n	1/19	
<ul> <li>D - Dividends of shares</li> <li>S - Surplus funds from p</li> <li>F - Fundralsing income in</li> </ul>	paio by credi revious elect not reported i	union L on returned by jurisdiction is a campaign contribution		t f	
O - Other (describe)					

### 4228 - FUNDRAISING FUNCTION TICKET SALES

#### **LOCAL ELECTIONS CANDIDATE**

PLEASE PRINT IN BLOCK LETTERS

SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD



NAME OF CANDIDATE	DIRUCK			PAGE OF
DATE OF EVENT (YYYY/MM/DD) DESCRIPTIO	N OF FUNDRAISING EVI	INT		
Income reported as campaign contributio	ens			Tick if
	Number of Tickets Sold	Charge per Ticket	Total Charges Collected	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 i	income reported as	campaign contributio	ns	
Remember to report all campaign contrib and if applicable, on form 4224 - Significa Other income not reported as campaign c	nt Contributors (\$	23 - Summary of Car 100 or more). Charge per Ticket	mpaign Contributio  Total Charges  Collected	Tick if Charge per Ticket Varies
Purchases by individuals of tickets of \$50 or less				

### 4229 - SUMMARY OF ELECTION EXPENSES LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE  JUDY STRUCK		
	Column A	Column B
ADVERTISING	Election Expenses	Election Proceedings Period Expenses
Brochures, pamphlets and flyers		
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 campalgn related functions		
Research and polling		
Interest		
EXCLUSIONS THAT MUST BE REPORTED		Security and the second security of the second seco
Personal election expenses		
Interest on loans for election expenses		
Legal and accounting services		
Financial agent services		
Other expenses (describe)		
Total Expenses	A NA	B NA
Column A - Report the value of all election expenses for goods and services used in the campaign perio The campaign period is from January 1, 2014 to November 15, 2014.	/ od.	/
Column B - Report the value of all election expenses for goods and services used in the election procee the election proceedings period is from September 30, 2014 to November 15, 2014.	dings period.	

# 4230 - TRANSFERS GIVEN TO ELECTOR ORGANIZATION LOCAL ELECTIONS CANDIDATE



#### PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE		N - 1/	PAGE
	JUDY STRU	CR	OF
DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER
		-	
-			, , , , , , , , , , , , , , , , , , , ,
		,	
			,
*Alex Institute legal popular	different than hallot name	TOTAL	A 1/4

\*Also include legal name if different than ballot name

Campaign Financing Act.

### **4231 - OTHER PERMISSIBLE PAYMENTS** FROM CAMPAIGN ACCOUNT **LOCAL ELECTIONS CANDIDATE**



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE		and the second s	PAGE
		ADY STRUCK	OF
DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	Амоилт
		·	
		·	
			/
TYPE: B - Bank fees	ones that was		A NA

F – Payments made for fundralsing purposes N – Nomination deposit

O - Other (describe)

# 4232 - SHARED ELECTION EXPENSE LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

SUBMIT A SEPARATE FORM FOR EACH SHARED ELECTION EXPENSE

NAME OF CANDIDATE UIDY	STRUCK	PAGE OF		
DESCRIPTION OF SHARED EXPENSE				
	Total value of share	ed election expense		
	Candidate's portion of share	d election expense*		
Amount paid directly to supplier (if applicable)				
Amount of reimbursements given to other candidate(s)				
	Amount of reimbursements received fi	rom other candidates		
*Note: Remember to include your Election Expenses.	portion of the shared expense as an elect	on expense on form 4220 Commery of		
Full names of other candidates wi	th whom the expense was shared:			
Full names of other candidates with	th whom the expense was shared:	MIDDLE NAME		
		MIDDLE NAME		
	FIRST NAME	MIDDLE NAME		
	FIRST NAME	MIDDLE NAME		
	FIRST NAME	MIDDLE NAME		

# 4233 - TRANSFERS BETWEEN CANDIDATE'S OWN CAMPAIGN ACCOUNTS



LOCAL ELECTIONS CANDIDATE
PLEASE PRINT IN BLOCK LETTERS

Jus	y STRUCK		OF
	s own campaign accounts in same jurisdiction		
	PURPOSE		AMOUNT
	n campaign accounts in other jurisdictions		
DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)		AMOUNT
			_
		TOTAL	Α
refere to candidate's own (	campaign accounts in other jurisdictions		<u> </u>
DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)		AMOUNT
			î

# 4234 - DISBURSEMENT OF SURPLUS FUNDS LOCAL ELECTIONS CANDIDATE



ME OF CANDIDATE	JUDY STRUCK	
	JUDY STRUCK	
	The second of th	
	Balance remaining in campaign account(s) after payment of all expenses	
	Total amount of campaign contributions from candidate	
nount reimbursed to ca	ndidate from campaign account for the candidate's contributions to their campaign	
	Date of reimbursement to candidate (YYYY/MM/DD)	
	Amount of remaining surplus funds (after any reimbursement under box C)	
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).	
	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).  Is less than \$500 provide details of how it was disbursed.	
	ran for election. Provide the date of payment (YYYY/MM/DD).	AMOUNT
the amount in Box D	ran for election. Provide the date of payment (YYYY/MM/DD).	AMOUNT
the amount in Box D	ran for election. Provide the date of payment (YYYY/MM/DD).	AMOUNT
the amount in Box D	ran for election. Provide the date of payment (YYYY/MM/DD).	AMOUNT
the amount in Box D	ran for election. Provide the date of payment (YYYY/MM/DD).	AMOUNT
the amount in Box D	ran for election. Provide the date of payment (YYYY/MM/DD).	AMOUNT
the amount in Box D	ran for election. Provide the date of payment (YYYY/MM/DD).  Is less than \$500 provide details of how it was disbursed.  DESCRIPTION	AMOUNT
the amount in Box D	ran for election. Provide the date of payment (YYYY/MM/DD).  Is less than \$500 provide details of how it was disbursed.  DESCRIPTION	AMOUNT
the amount In Box D	ran for election. Provide the date of payment (YYYY/MM/DD).  Is less than \$500 provide details of how it was disbursed.  DESCRIPTION	AMOUNT
the amount In Box D	ran for election. Provide the date of payment (YYYY/MM/DD).  Is less than \$500 provide details of how it was disbursed.  DESCRIPTION	AMOUNT

# 4235 - FREE ADVERTISING FROM JURISDICTION LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE	TUDY STRU	ick		
Free advertising provided by Jurisdiction				
DATE ADVERTISING WAS TRANSMITTED (YYYY/MM/DD)	JURISDICTION	MEANS OF TRANSMISSION (WEBSITE, FLYER, ETC.)		
	- N/D-			
	//./			
	/ 			
-				

### 4236 - PREVIOUS FINANCIAL AGENTS LOCAL ELECTIONS CANDIDATE



#### PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE	STRU	CK_	
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)			ì
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)

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