

4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

Amendment # _____

| | | | |
|--|---|--|-------------|
| CANDIDATE'S FULL NAME Michael Anthony McLeman | | GENERAL VOTING DAY (YYYY/MM/DD) 2014/11/15 | |
| BALLOT NAME (IF DIFFERENT FROM ABOVE) Mike McLeman | | OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) School Trustee | |
| MAILING ADDRESS 2625 8th Ave | | PHONE NO. 250 790-6908 | |
| CITY/TOWN Port Alberni B.C. | POSTAL CODE V9Y 1Z63 | EMAIL (IF AVAILABLE) m-mcleman@shaw.ca | |
| JURISDICTION Port Alberni ACRD SD70 | | | |
| 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 | | 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. | | |
| <input type="checkbox"/> Tick if candidate was registered as a third party sponsor | | <input type="checkbox"/> Tick if candidate acted as a campaign organizer | |
| This disclosure statement includes the following forms: | | | |
| Declarations and Campaign Accounts – Form 4221 <input type="checkbox"/> | Summary of Election Expenses – Form 4229 <input type="checkbox"/> | | |
| Statement of Income and Expenses – Form 4222 <input type="checkbox"/> | Transfers Given to Elector Organization – Form 4230 <input type="checkbox"/> | | |
| Summary of Campaign Contributions by Class – Form 4223 <input type="checkbox"/> | Other Permissible Payments – Form 4231 <input type="checkbox"/> | | |
| Significant Contributors (\$100 or more) – Form 4224 <input type="checkbox"/> | Shared Election Expense – Form 4232 <input type="checkbox"/> | | |
| Prohibited Campaign Contributions – Form 4225 <input type="checkbox"/> | Transfers Between Candidate's Own Accounts – Form 4233 <input type="checkbox"/> | | |
| Transfers Received from Elector Organization – Form 4226 <input type="checkbox"/> | Disbursement of Surplus Funds – Form 4234 <input type="checkbox"/> | | |
| Other Permissible Deposits – Form 4227 <input type="checkbox"/> | Free Advertising from Jurisdiction – Form 4235 <input type="checkbox"/> | | |
| Fundraising Function Ticket Sales – Form 4228 <input type="checkbox"/> | Previous Financial Agents – Form 4236 <input type="checkbox"/> | | |

4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE

Mike McLeman

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

Mike McLeman

DATE: (YYYY/MM/DD)

2015/04/01

PRINTED NAME OF CANDIDATE

Mike McLeman

SIGNATURE OF FINANCIAL AGENT

DATE: (YYYY/MM/DD)

PRINTED NAME OF FINANCIAL AGENT

Campaign accounts:

NAME OF SAVINGS INSTITUTION

Royal Bank of Canada

ADDRESS

2925 3rd Ave Port Alberni 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

Mike McEwan

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

\$200

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)

\$200

A

Election expenses (from box A on form 4229)

\$20

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)

\$20

B

4229 - SUMMARY OF ELECTION EXPENSES

LOCAL ELECTIONS CANDIDATE



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| |
|-------------------|
| NAME OF CANDIDATE |
|-------------------|

| | Column A Election Expenses | Column B Election Proceedings Period Expenses |
|---------------------------------|-------------------------------|--|
| ADVERTISING | | |
| Brochures, pamphlets and flyers | \$20 | |
| 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 \$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.

4234 - DISBURSEMENT OF SURPLUS FUNDS
LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE
Mike McLeman

Balance remaining in campaign account(s) after payment of all expenses \$180 **A**

Total amount of campaign contributions from candidate **B**

Amount reimbursed to candidate from campaign account for the candidate's contributions to their campaign \$180 **C**

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

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