

4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

Amendment # _____

CANDIDATE'S FULL NAME KNOT HENRY BJORNDAAL		GENERAL VOTING DAY (YYYY/MM/DD) 11/15/14
BALLOT NAME (IF DIFFERENT FROM ABOVE)		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) COUNCILLOR
MAILING ADDRESS 670 SKEENA DRIVE		PHONE NO. 250 628 9329
CITY / TOWN PORT EDWARD	POSTAL CODE V0V 1G0	EMAIL (IF AVAILABLE)
JURISDICTION N/A		
ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELECTORAL AREA (IF APPLICABLE) N/A		
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE) N/A		
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE) N/A		
FINANCIAL AGENT'S LAST NAME N/A	FIRST NAME	MIDDLE NAME
FINANCIAL AGENT'S MAILING ADDRESS N/A		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



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NAME OF CANDIDATE KNOT BJORN DAL

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) 15/02/10
PRINTED NAME OF CANDIDATE KNOT BJORN DAL	

SIGNATURE OF FINANCIAL AGENT	DATE: (YYYY/MM/DD)
PRINTED NAME OF FINANCIAL AGENT	

Campaign accounts:

NAME OF SAVINGS INSTITUTION TD Canada Trust
ADDRESS 235 - 500 2nd AVE WEST PRINCE ROBERT

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

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)

<input type="text"/>	A
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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)

<input type="text" value="202,00"/>	B
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4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE **KNUT BJORN DAL**

All Contributions

Individuals	202,50	
Corporations		
Unincorporated Business/Commercial Organizations		
Trade Unions		
Non-profit Organizations		
Other Identifiable Contributors		
Total	\$	A

Anonymous contributions \$ **B**

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

Total significant contributions (must equal box A on all forms 4224) \$ **202,00**

Total contributions of less than \$100 \$

Number of contributors who gave less than \$100 # **0**

Number of anonymous contributors # **0**

4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE <div style="font-size: 2em; font-family: cursive; margin-left: 100px;">KNOT R JORNVAL</div>	PAGE <input style="width: 30px;" type="text"/> OF <input style="width: 30px;" type="text"/>
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					
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					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

N/A

4228 - FUNDRAISING FUNCTION TICKET SALES

LOCAL ELECTIONS CANDIDATE

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SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD



NAME OF CANDIDATE KNUT BJORNAL	PAGE <input style="width: 40px;" type="text"/>
	OF <input style="width: 40px;" type="text"/>
DATE OF EVENT (YYYY/MM/DD)	DESCRIPTION OF FUNDRAISING EVENT N/A

Income reported as campaign contributions

	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 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				

4229 - SUMMARY OF ELECTION EXPENSES

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE

ADVERTISING

Column A

Column B

Election Expenses

Election Proceedings Period Expenses

Brochures, pamphlets and flyers
 Internet
 Newspaper, magazine, journal
 Radio
 Signs and billboards
 Television
 Other advertising

POSTAGE

170.00
90.00
42.00

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)

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Total Expenses

A	
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B	202.00
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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.

**4233 - TRANSFERS BETWEEN CANDIDATE'S
OWN CAMPAIGN ACCOUNTS
LOCAL ELECTIONS CANDIDATE**



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NAME OF CANDIDATE

KNOT BJORNDAAL

PAGE
OF

Transfers between candidate's own campaign accounts in same jurisdiction

PURPOSE	AMOUNT
NONE	0
NONE	0

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 KNUT ROJORDAL

Balance remaining in campaign account(s) after payment of all expenses 26.00 **A**

Total amount of campaign contributions from candidate 228.00 **B**

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

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

Amount of remaining surplus funds (after any reimbursement under box C) 26.00 **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
DEC 1 ST	RETURNED TO CANDIDATE	26.00

**4236 - PREVIOUS FINANCIAL AGENTS
LOCAL ELECTIONS CANDIDATE**



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NAME OF CANDIDATE KNUT BJORNSDAL			
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)		N/A	
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)