

**4240 - CAMPAIGN FINANCING DISCLOSURE STATEMENT**

**LOCAL ELECTIONS ELECTOR ORGANIZATION**



PLEASE PRINT IN BLOCK LETTERS

Amendment # \_\_\_\_\_

NAME OF ELECTOR ORGANIZATION <b>Hotel Workers United - Local 40</b>		GENERAL VOTING DAY (YYYY/MM/DD) <b>2014/11/15</b>	
LEGAL NAME OF ELECTOR ORGANIZATION (IF DIFFERENT FROM ABOVE)			
BALLOT NAME (IF DIFFERENT FROM ABOVE) <b>Hotel Workers United</b>			
JURISDICTION <b>City of Vancouver</b>			
<b>Financial agent:</b>			
FINANCIAL AGENT'S FULL NAME <b>Michelle Travis</b>		EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD) <b>2014/10/08</b>	
MAILING ADDRESS <b>308-222 N. Templeton Dr.</b>		PHONE NO. <b>778-960-9785</b>	
CITY/TOWN <b>Vancouver</b>	POSTAL CODE <b>V5L 3E4</b>	EMAIL (IF AVAILABLE)	
<b>Authorized principal official:</b>			
LAST NAME <b>Demand</b>	FIRST NAME <b>Robert</b>	MIDDLE NAME <b>Andrew</b>	
MAILING ADDRESS <b>308-222 N. Templeton Dr.</b>		PHONE NO. <b>604-853-1282</b>	
CITY/TOWN <b>Vancouver</b>	POSTAL CODE <b>V5L 3E4</b>	EMAIL (IF AVAILABLE)	
<b>Responsible principal official:</b>			
LAST NAME <b>Klainbaum</b>	FIRST NAME <b>David</b>	MIDDLE NAME <b>Abraham</b>	
MAILING ADDRESS <b>101-665 E. 6th Ave</b>			
CITY/TOWN <b>Vancouver</b>		POSTAL CODE <b>V5T 4J3</b>	
<input type="checkbox"/> Elector organization was registered as a third party sponsor		<input type="checkbox"/> Elector organization acted as a campaign organizer	
This disclosure statement includes the following forms:			
Declarations and Campaign Accounts - Form 4241 <input checked="" type="checkbox"/>	Fundraising Function Ticket Sales - Form 4249 <input checked="" type="checkbox"/>		
Candidates Endorsed by Elector Organization - Form 4242 <input checked="" type="checkbox"/>	Summary of Election Expenses - Form 4250 <input checked="" type="checkbox"/>		
Statement of Income and Expenses - Form 4243 <input checked="" type="checkbox"/>	Transfers Given to Candidates - Form 4251 <input checked="" type="checkbox"/>		
Summary of Campaign Contributions by Class - Form 4244 <input checked="" type="checkbox"/>	Other Permissible Payments - Form 4252 <input checked="" type="checkbox"/>		
Significant Contributors (\$100 or more) - Form 4245 <input checked="" type="checkbox"/>	Transfers Between Own Campaign Accounts - Form 4253 <input checked="" type="checkbox"/>		
Prohibited Campaign Contributions - Form 4246 <input checked="" type="checkbox"/>	Contributions Received by Undeclared Candidates - Form 4254 <input checked="" type="checkbox"/>		
Transfers Received from Candidates - Form 4247 <input checked="" type="checkbox"/>	Prohibited Contributions Received by Undeclared Candidates - Form 4255 <input checked="" type="checkbox"/>		
Other Permissible Deposits - Form 4248 <input checked="" type="checkbox"/>	Previous Financial Agents - Form 4256 <input checked="" type="checkbox"/>		

# 4241 - DECLARATIONS AND CAMPAIGN ACCOUNTS

## LOCAL ELECTIONS ELECTOR ORGANIZATION



PLEASE PRINT IN BLOCK LETTERS

NAME OF ELECTOR ORGANIZATION <i>Hotel Workers United</i>	
<b>Declaration:</b> 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 <i>Local Elections Campaign Financing Act (LECFA)</i> .	
SIGNATURE OF AUTHORIZED PRINCIPAL OFFICIAL <i>[Signature]</i>	DATE: (YYYY/MM/DD) <i>2015/2/13</i>
PRINTED NAME OF AUTHORIZED PRINCIPAL OFFICIAL <i>Robert A. Demand</i>	
SIGNATURE OF FINANCIAL AGENT <i>[Signature]</i>	DATE: (YYYY/MM/DD) <i>2015/02/13</i>
PRINTED NAME OF FINANCIAL AGENT <i>Michelle Travis</i>	
<b>Campaign accounts:</b>	
NAME OF SAVINGS INSTITUTION <i>Vancity</i>	
ADDRESS <i>4302 Hastings St, Burnaby</i>	
NAME OF SAVINGS INSTITUTION	
ADDRESS	
NAME OF SAVINGS INSTITUTION	
ADDRESS	
NAME OF SAVINGS INSTITUTION	
ADDRESS	
<b>If elector organization also acted as a campaign organizer:</b>	
NAME OF CAMPAIGN ORGANIZER	
ABBREVIATION, ACRONYM, OR LEGAL NAME IF DIFFERENT	

**4242 - CANDIDATES ENDORSED BY ELECTOR ORGANIZATION**  
**LOCAL ELECTIONS ELECTOR ORGANIZATION**



PLEASE PRINT IN BLOCK LETTERS

NAME OF ELECTOR ORGANIZATION <i>Hotel Workers United</i>	PAGE <u>1</u>
	OF <u>1</u>

CANDIDATE'S FULL NAME (INCLUDE BALLOT NAME IF DIFFERENT)	OFFICE SOUGHT	ELECTORAL AREA/ LOCAL TRUST AREA/ TRUSTEE ELECTORAL AREA (IF APPLICABLE)
<i>Ferdinand Ramos</i>	<i>Councillor</i>	

**4243 - STATEMENT OF INCOME AND EXPENSES**  
**LOCAL ELECTIONS ELECTOR ORGANIZATION**



PLEASE PRINT IN BLOCK LETTERS

NAME OF ELECTOR ORGANIZATION

Hotel Workers United

Total value of campaign contributions from all sources (from box C on form 4244) 41,159.30

Transfers received from candidates (from box A on form 4247) 54.18

Total other permissible deposits (from box A on form 4248)

Transfers from elector organization's own accounts in other jurisdictions (from box A on form 4253)

**Total Income** (sum of above boxes) 41,213.48 **A**

Election expenses (from box A on form 4250) 40,863.02

Transfers given to candidates (from box A on form 4251) 229.55

Total other permissible payments (from box A on form 4252) 66.58

Transfers to elector organization's own accounts in other jurisdictions (from box B on form 4253)

**Total Expenditures** (sum of above boxes) 41,159.15 **B**

**Disbursement of surplus funds**

Balance remaining in campaign accounts (surplus funds) 29.33

Details of disbursement of surplus funds:

DATE	AMOUNT
2015/02/12	29.33

**4244 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS**

**LOCAL ELECTIONS ELECTOR ORGANIZATION**



PLEASE PRINT IN BLOCK LETTERS

NAME OF ELECTOR ORGANIZATION	
Hotel Workers United	
<b>All Contributions</b>	
Individuals	180.36
Corporations	0
Unincorporated Business/Commercial Organizations	0
Trade Unions	40,978.94
Non-profit Organizations	0
Other Identifiable Contributors	0
Total	\$ 41,159.30 <b>A</b>
Anonymous contributions	\$ 0 <b>B</b>
Total contributions (A + B)	\$ 41,159.30 <b>C</b>
Total significant contributions (must equal box A on all forms 4245)	\$ 41,078.94
Total contributions of less than \$100	\$ 1
Number of contributors who gave less than \$100	# 1
Number of anonymous contributors	# 0

**4245 - SIGNIFICANT CONTRIBUTORS (\$100 OR MORE)**

**LOCAL ELECTIONS ELECTOR ORGANIZATION**



PLEASE PRINT IN BLOCK LETTERS

NAME OF ELECTOR ORGANIZATION <i>Hotel Workers United</i>	PAGE <u>1</u>
	OF <u>1</u>

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
2014/10/15	Robert Demand		1	100.00
2014/10/15	UNITE HERE Local 40		4	1882.35
2014/10/25	UNITE HERE Local 40		4	11,783.97
2014/11/05	UNITE HERE Local 40		4	950.00
2014/11/06	UNITE HERE Local 40		4	9,000.00
2014/11/10	UNITE HERE Local 40		4	14,636.73
2014/11/12	UNITE HERE Local 40		4	2,535.79
2014/11/13	UNITE HERE Local 40		4	124.10
2014/11/14	UNITE HERE Local 40		4	66.00

IF NEEDED, ATTACH ADDITIONAL FORMS *CLASS OF CONTRIBUTOR: 1 - INDIVIDUAL, 2 - CORPORATION, 3 - UNINCORPORATED BUSINESS/COMMERCIAL ORGANIZATION 4 - TRADE UNION, 5 - NON-PROFIT ORGANIZATION, 6 - OTHER IDENTIFIABLE CONTRIBUTOR	TOTAL CONTRIBUTIONS <b>A</b> <u>41,078.94</u>
--	---

**4246 - PROHIBITED CAMPAIGN CONTRIBUTIONS**  
**LOCAL ELECTIONS ELECTOR ORGANIZATION**



PLEASE PRINT IN BLOCK LETTERS

NAME OF ELECTOR ORGANIZATION	PAGE <input style="width: 20px;" type="text"/>
	OF <input style="width: 20px;" type="text"/>
<p><b>INSTRUCTIONS: Complete one sheet for each prohibited campaign contribution received.</b>  <b>Attach additional forms if necessary.</b></p>	

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					
<p><b>Complete this field if the prohibited campaign contribution was received from an individual:</b></p> NAME OF INDIVIDUAL <input style="width: 80%;" type="text"/>					
<p><b>Complete these fields if the prohibited campaign contribution was received from an organization:</b></p> NAME OF ORGANIZATION <input style="width: 70%;" type="text"/> CLASS* <input style="width: 20%;" type="text"/>					
MAILING ADDRESS <input style="width: 95%;" type="text"/>					
NAME OF DIRECTOR <input style="width: 80%;" type="text"/>			NAME OF DIRECTOR <input style="width: 80%;" type="text"/>		

\* CLASSES OF CONTRIBUTORS:  
 1 - INDIVIDUAL, 2 - CORPORATION, 3 - UNINCORPORATED BUSINESS/COMMERCIAL ORGANIZATION,  
 4 - TRADE UNION, 5 - NON-PROFIT ORGANIZATION, 6 - OTHER

**4241 - TRANSFERS RECEIVED FROM CANDIDATES**

**LOCAL ELECTIONS ELECTOR ORGANIZATION**



PLEASE PRINT IN BLOCK LETTERS

NAME OF ELECTOR ORGANIZATION  
*Hotel Workers United*

PAGE *1*  
OF *1*

DATE OF TRANSFER (YYYY/MM/DD)	FULL NAME OF CANDIDATE	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER
<i>2015/01/26</i>	<i>Ferdinand Ramos</i>		<i>54.18</i>
<b>TOTAL</b>			<b>A</b> <i>54.18</i>

This form is available for public inspection.  
ORIGINAL --- ELECTIONS BC  
PLEASE KEEP A COPY FOR YOUR RECORDS

This information is collected to administer the *Local Elections Campaign Financing Act*.  
Questions? Contact Privacy Officer, Elections BC  
1-800-651-8883 PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6



**4248 - OTHER PERMISSIBLE DEPOSITS  
TO CAMPAIGN ACCOUNT  
LOCAL ELECTIONS ELECTOR ORGANIZATION**



PLEASE PRINT IN BLOCK LETTERS

NAME OF ELECTOR ORGANIZATION	PAGE <input style="width: 20px;" type="text"/>
	OF <input style="width: 20px;" type="text"/>

DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AMOUNT
<b>TOTAL</b>			<b>A</b> <input style="width: 80px;" type="text"/>

\*TYPE:  
 I - Interest  
 D - Dividends of shares paid by credit union  
 F - Fundraising income not reported as a campaign contribution  
 O - Other (describe)

This form is available for public inspection.  
 ORIGINAL — ELECTIONS BC  
 PLEASE KEEP A COPY FOR YOUR RECORDS

This information is collected to administer the Local Elections Campaign Financing Act.  
 Questions? Contact: Privacy Officer, Elections BC  
 1-800-661-8683 PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6

**4249 - FUNDRAISING FUNCTION TICKET SALES**

**LOCAL ELECTIONS ELECTOR ORGANIZATION**

PLEASE PRINT IN BLOCK LETTERS



SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD

NAME OF ELECTOR ORGANIZATION		PAGE <input style="width: 20px;" type="text"/>
		OF <input style="width: 20px;" type="text"/>
DATE OF EVENT (YYYY/MM/DD)	DESCRIPTION OF FUNDRAISING EVENT	

**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 4244 - Summary of Campaign Contributions by Class, and if applicable, on form 4245 - 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				

4230 - SUMMARY OF ELECTION EXPENSES

LOCAL ELECTIONS ELECTOR ORGANIZATION



PLEASE PRINT IN BLOCK LETTERS

NAME OF ELECTOR ORGANIZATION  
**Hotel Workers United**

	Column A Election Expenses	Column B Election Proceedings Period Expenses
<b>ADVERTISING</b>		
Brochures, pamphlets and flyers	4046.94	4046.94
Internet	1010.95	1010.95
Newspaper, magazine, journal	0	0
Radio	0	0
Signs and billboards	1447.04	1447.04
Television	0	0
Other advertising	2363.18	2363.18
<b>CAMPAIGN ADMINISTRATION</b>		
Salaries and wages	26,403.70	26,403.70
Rent, insurance and utilities	1,500.00	1,500.00
Courier and postage	2,550.49	2,550.49
Furniture and equipment	100.00	100.00
Office supplies	50.00	50.00
Professional services	615.00	615.00
Other campaign administration expenses	332.78	332.78
Conventions and meetings	0	0
Other campaign related functions	0	0
Research and polling	0	0
Interest	0	0
<b>EXCLUSIONS THAT MUST BE REPORTED</b>		
Communications sent exclusively to members	0	
Interest on loans for election expenses	0	
Legal and accounting services	0	
Day-to-day administration of ongoing office	0	
Financial agent services	0	
Other expenses (describe) <b>Food for volunteers</b>	442.94	442.94
<b>Total Expenses</b>	<b>A 40,863.02</b>	<b>B 40,863.02</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.

**4251- TRANSFERS GIVEN TO CANDIDATES**  
**LOCAL ELECTIONS ELECTOR ORGANIZATION**



PLEASE PRINT IN BLOCK LETTERS

NAME OF ELECTOR ORGANIZATION <i>Hotel Workers United</i>	PAGE <u>1</u>
	OF <u>1</u>

DATE OF TRANSFER (YYYY/MM/DD)	FULL NAME OF CANDIDATE	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER
<i>2014/10/15</i>	<i>Ferdinand Ramos</i>	<i>cell-phone</i>	<i>229.55</i>
<b>TOTAL</b>			<b>A</b> <i>229.55</i>

**4252 - OTHER PERMISSIBLE PAYMENTS  
FROM CAMPAIGN ACCOUNT  
LOCAL ELECTIONS ELECTOR ORGANIZATION**



PLEASE PRINT IN BLOCK LETTERS

NAME OF ELECTOR ORGANIZATION PAGE 1  
OF 1  
*Hotel Workers United*

DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AMOUNT
2014/10/22	B	account service charge	7.00
2014/10/23	B	cheques ordered	31.58
2014/11/22	B	account service charge	7.00
2014/12/22	B	account service charge	7.00
2015/01/22	B	account service charge	7.00
2015/02/06	B	account service charge	7.00
<b>TOTAL</b>			<b>A 66.58</b>

\*TYPE:  
 B - Bank fees  
 E - Intended election expense that was not used  
 F - Payments made for fundraising purposes  
 O - Other (describe)

**4253 - TRANSFERS BETWEEN OWN  
CAMPAIGN ACCOUNTS**  
**LOCAL ELECTIONS ELECTOR ORGANIZATION**  
PLEASE PRINT IN BLOCK LETTERS



NAME OF ELECTOR ORGANIZATION

PAGE   
OF

**Transfers between elector organization's own campaign accounts in same jurisdiction**

PURPOSE	AMOUNT

**Transfers from elector organization's own campaign accounts in other jurisdictions**

DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)	AMOUNT
<b>TOTAL A</b>		

**Transfers to elector organization's own campaign accounts in other jurisdictions**

DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)	AMOUNT
<b>TOTAL B</b>		

The amounts in boxes A and B must be carried forward to form 4243.

**4254 - CONTRIBUTIONS RECEIVED  
BY UNDECLARED CANDIDATES  
LOCAL ELECTIONS ELECTOR ORGANIZATION**



PLEASE PRINT IN BLOCK LETTERS

NAME OF ELECTOR ORGANIZATION	PAGE <input type="text"/>
	OF <input type="text"/>

Complete one form for each undeclared candidate who made transfers to the elector organization that were not returned.

NAME OF UNDECLARED CANDIDATE
------------------------------

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

IF NEEDED, ATTACH ADDITIONAL FORMS

\*CLASS OF CONTRIBUTOR:

- 1 - INDIVIDUAL, 2 - CORPORATION, 3 - UNINCORPORATED BUSINESS/COMMERCIAL ORGANIZATION
- 4 - TRADE UNION, 5 - NON-PROFIT ORGANIZATION, 6 - OTHER IDENTIFIABLE CONTRIBUTOR

	<b>All Contributions</b>	
	Individuals	<input type="text"/>
	Corporations	<input type="text"/>
	Unincorporated Business/Commercial Organizations	<input type="text"/>
	Trade Unions	<input type="text"/>
	Non-profit Organizations	<input type="text"/>
	Other Identifiable Contributors	<input type="text"/>
	Anonymous Contributions	<input type="text"/>
	Total contributions	\$ <input type="text"/>
	Total contributions of less than \$100	\$ <input type="text"/>
	Number of contributors who gave less than \$100	# <input type="text"/>
	Number of anonymous contributors	# <input type="text"/>

**4255 - PROHIBITED CONTRIBUTIONS RECEIVED  
BY UNDECLARED CANDIDATES  
LOCAL ELECTIONS ELECTOR ORGANIZATION**



PLEASE PRINT IN BLOCK LETTERS

NAME OF ELECTOR ORGANIZATION	PAGE <input type="text"/>
	OF <input type="text"/>

Use this form to report a prohibited contribution received by an undeclared candidate who made transfers to the elector organization that were not returned to the candidate.

Complete one sheet for each prohibited campaign contribution. Attach additional forms if necessary.

NAME OF UNDECLARED CANDIDATE
------------------------------

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 CONTRIBUTOR
---------------------

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



**4256 - PREVIOUS FINANCIAL AGENTS  
LOCAL ELECTIONS ELECTOR ORGANIZATION**



PLEASE PRINT IN BLOCK LETTERS

NAME OF ELECTOR ORGANIZATION			
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)