

**4240 - CAMPAIGN FINANCING DISCLOSURE STATEMENT**  
**LOCAL ELECTIONS ELECTOR ORGANIZATION**



PLEASE PRINT IN BLOCK LETTERS

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

NAME OF ELECTOR ORGANIZATION <i>Stop Party (STOP PARTY)</i>		GENERAL VOTING DAY (YYYY/MM/DD) <del>Mar 21/15</del> <i>2014/11/15</i>
LEGAL NAME OF ELECTOR ORGANIZATION (IF DIFFERENT FROM ABOVE) <i>No</i>		
BALLOT NAME (IF DIFFERENT FROM ABOVE) <i>MEYNARD AUBICHON</i>		
JURISDICTION <i>Vancouver</i>		

**Financial agent:**

FINANCIAL AGENT'S FULL NAME <i>Aubichon MEYNARD AUBICHON</i>		EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD) <i>Jan 01/2015</i> 2014/10/09
MAILING ADDRESS <i>320 E Hastings HASTINGS ST</i>		PHONE NO. <del>604-785-9517</del> 604-785-4317
CITY/TOWN <i>Vancouver</i>	POSTAL CODE <i>BC V6A 1P4</i>	EMAIL (IF AVAILABLE) <i>stoppparty@gmail.com</i>

**Authorized principal official:**

LAST NAME <i>Aubichon</i>	FIRST NAME <i>MEYNARD</i>	MIDDLE NAME <i>D'ARCY</i>
MAILING ADDRESS <del>320 E Hastings St</del> <i>320 E HASTINGS ST</i>		PHONE NO. <i>604-785-4317</i>
CITY/TOWN <i>Vancouver BC</i>	POSTAL CODE <i>V6A 1P4</i>	EMAIL (IF AVAILABLE) <i>stoppparty@gmail.com</i>

**Responsible principal official:**

LAST NAME <i>Stan</i>	FIRST NAME <i>R. STAN</i>	MIDDLE NAME <i>H</i>
MAILING ADDRESS <i>320 E HASTINGS ST</i>		
CITY/TOWN <i>VANCOUVER BC</i>	POSTAL CODE <i>V6A 1P4</i>	

Elector organization was registered as a third party sponsor  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 type="checkbox"/>                          |
| Candidates Endorsed by Elector Organization - Form 4242 <input checked="" type="checkbox"/> | Summary of Election Expenses - Form 4250 <input type="checkbox"/>                               |
| Statement of Income and Expenses - Form 4243 <input checked="" type="checkbox"/>            | Transfers Given to Candidates - Form 4251 <input type="checkbox"/>                              |
| Summary of Campaign Contributions by Class - Form 4244 <input type="checkbox"/>             | Other Permissible Payments - Form 4252 <input type="checkbox"/>                                 |
| Significant Contributors (\$100 or more) - Form 4245 <input type="checkbox"/>               | Transfers Between Own Campaign Accounts - Form 4253 <input type="checkbox"/>                    |
| Prohibited Campaign Contributions - Form 4246 <input type="checkbox"/>                      | Contributions Received by Undeclared Candidates - Form 4254 <input type="checkbox"/>            |
| Transfers Received from Candidates - Form 4247 <input type="checkbox"/>                     | Prohibited Contributions Received by Undeclared Candidates - Form 4255 <input type="checkbox"/> |
| Other Permissible Deposits - Form 4248 <input type="checkbox"/>                             | Previous Financial Agents - Form 4256 <input type="checkbox"/>                                  |

**4240 - CAMPAIGN FINANCING DISCLOSURE STATEMENT**

**LOCAL ELECTIONS ELECTOR ORGANIZATION**



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SEE AMENDMENT

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

NAME OF ELECTOR ORGANIZATION <i>Stop Party</i>		GENERAL VOTING DAY (YYYY/MM/DD) <i>Nov 07/07/15</i>
LEGAL NAME OF ELECTOR ORGANIZATION (IF DIFFERENT FROM ABOVE) <i>no</i>		
BALLOT NAME (IF DIFFERENT FROM ABOVE) <i>Meynard Adrichon</i>		
JURISDICTION <i>Vancouver</i>		

**Financial agent:**

FINANCIAL AGENT'S FULL NAME <i>Adrichon</i>		EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD) <i>Jan 01/2015</i>
MAILING ADDRESS <i>320 E Hastings</i>		PHONE NO. <i>604 785-7517</i>
CITY / TOWN <i>Vancouver</i>	POSTAL CODE <i>BC</i>	EMAIL (IF AVAILABLE) <i>stopparty@ymail.com</i>

**Authorized principal official:**

LAST NAME <i>Rehan</i>	FIRST NAME <i>Ben</i>	MIDDLE NAME <i>?</i>
MAILING ADDRESS <i>320 E Hastings St</i>		PHONE NO. <i>?</i>
CITY / TOWN <i>Vancouver BC</i>	POSTAL CODE <i>V6A 1ZP4</i>	EMAIL (IF AVAILABLE) <i>stopparty@gmail.com</i>

**Responsible principal official:**

LAST NAME <i>none</i>	FIRST NAME	MIDDLE NAME
MAILING ADDRESS		
CITY / TOWN		POSTAL CODE

Elector organization was registered as a third party sponsor  Elector organization acted as a campaign organizer

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- |  |   |
|--|---|
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| Statement of Income and Expenses - Form 4243 <input type="checkbox"/>            | Transfers Given to Candidates - Form 4251 <input type="checkbox"/>                              |
| Summary of Campaign Contributions by Class - Form 4244 <input type="checkbox"/>  | Other Permissible Payments - Form 4252 <input type="checkbox"/>                                 |
| Significant Contributors (\$100 or more) - Form 4245 <input type="checkbox"/>    | Transfers Between Own Campaign Accounts - Form 4253 <input type="checkbox"/>                    |
| Prohibited Campaign Contributions - Form 4246 <input type="checkbox"/>           | Contributions Received by Undeclared Candidates - Form 4254 <input type="checkbox"/>            |
| Transfers Received from Candidates - Form 4247 <input type="checkbox"/>          | Prohibited Contributions Received by Undeclared Candidates - Form 4255 <input type="checkbox"/> |
| Other Permissible Deposits - Form 4248 <input type="checkbox"/>                  | Previous Financial Agents - Form 4256 <input type="checkbox"/>                                  |

4241 - DECLARATIONS AND CAMPAIGN ACCOUNTS

LOCAL ELECTIONS ELECTOR ORGANIZATION



PLEASE PRINT IN BLOCK LETTERS

NAME OF ELECTOR ORGANIZATION  
*Step Party*

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 (LECFCA).

SIGNATURE OF AUTHORIZED PRINCIPAL OFFICIAL  
*[Signature]*  
DATE: (YYYY/MM/DD)  
*Feb 13/15*  
PRINTED NAME OF AUTHORIZED PRINCIPAL OFFICIAL  
*[Signature]*

SIGNATURE OF FINANCIAL AGENT  
*[Signature]*  
DATE: (YYYY/MM/DD)  
*Feb 13/15*  
PRINTED NAME OF FINANCIAL AGENT  
*Maynard Anderson*

Campaign accounts:

NAME OF SAVINGS INSTITUTION  
*None no donations Step Party*  
ADDRESS  
*Just Me*

NAME OF SAVINGS INSTITUTION  
*no credit*  
ADDRESS  
*no to nickel collect*

NAME OF SAVINGS INSTITUTION  
ADDRESS

NAME OF SAVINGS INSTITUTION  
ADDRESS

If elector organization also acted as a campaign organizer:

NAME OF CAMPAIGN ORGANIZER  
*[Signature]*  
ABBREVIATION, ACRONYM, OR LEGAL NAME IF DIFFERENT  
*now*  
*[Signature]*

4242 - CANDIDATES ENDORSED BY ELECTOR ORGANIZATION

LOCAL ELECTIONS ELECTOR ORGANIZATION



PLEASE PRINT IN BLOCK LETTERS

NAME OF ELECTOR ORGANIZATION Stays Party PAGE  OF

CANDIDATE'S FULL NAME (INCLUDE BALLOT NAME IF DIFFERENT)	OFFICE SOUGHT	ELECTORAL AREA/ LOCAL TRUST AREA/ TRUSTEE ELECTORAL AREA (IF APPLICABLE)
<del>ADAMS</del> MEYNARD AUBICHLON	MAYOR	N/A
		<i>[Handwritten signature]</i>
		<i>[Handwritten signature]</i>

4242 - CANDIDATES ENDORSED BY ELECTOR ORGANIZATION

LOCAL ELECTIONS ELECTOR ORGANIZATION



PLEASE PRINT IN BLOCK LETTERS

SEE AMENDMENT

NAME OF ELECTOR ORGANIZATION

*Stop Party*

PAGE

OF

Empty boxes for page and of counts

CANDIDATE'S FULL NAME (INCLUDE BALLOT NAME IF DIFFERENT)

OFFICE SOUGHT

ELECTORAL AREA/  
LOCAL TRUST AREA/  
TRUSTEE ELECTORAL AREA  
(IF APPLICABLE)

*None*

*Morgan  
Pulido*

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



PLEASE PRINT IN BLOCK LETTERS

NAME OF ELECTOR ORGANIZATION		<i>Sky Party</i>									
Total value of campaign contributions from all sources (from box C on form 4244)	0										
Transfers received from candidates (from box A on form 4247)	0										
Total other permissible deposits (from box A on form 4248)	0										
Transfers from elector organization's own accounts in other jurisdictions (from box A on form 4253)	0										
<b>Total Income (sum of above boxes)</b>	0	<b>A</b>									
Election expenses (from box A on form 4250)	0										
Transfers given to candidates (from box A on form 4251)	0										
Total other permissible payments (from box A on form 4252)	0										
Transfers to elector organization's own accounts in other jurisdictions (from box B on form 4253)	0										
<b>Total Expenditures (sum of above boxes)</b>	0	<b>B</b>									
<b>Disbursement of surplus funds</b>											
Balance remaining in campaign accounts (surplus funds)	0										
Details of disbursement of surplus funds:											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">DATE</th> <th style="width: 50%;">AMOUNT</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><i>Apr 15/08</i></td> <td style="text-align: center;"><i>0</i></td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>				DATE	AMOUNT	<i>Apr 15/08</i>	<i>0</i>				
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<i>Apr 15/08</i>	<i>0</i>										