

**4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT**

**LOCAL ELECTIONS CANDIDATE**



PLEASE PRINT IN BLOCK LETTERS

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

CANDIDATE'S FULL NAME <b>TADEUSZ KUCZYNSKI</b>		GENERAL VOTING DAY (YYYY/MM/DD) <b>2014/11/15</b>
BALLOT NAME (IF DIFFERENT FROM ABOVE)		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) <b>SCHOOL TRUSTEE</b>
MAILING ADDRESS <b>214 - 33165 OLD YALE RD.</b>		PHONE NO. <b>604 850 3864</b>
CITY / TOWN <b>ABBOTSFORD</b>	POSTAL CODE <b>V2S 1Z74</b>	EMAIL (IF AVAILABLE) <b>kuczynsk@hotmail.com</b>
JURISDICTION <del>ABBOTSFORD</del> <b>SD34 - ABBOTSFORD SCHOOL DISTRICT</b>		
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.	

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 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"/>                  |

**4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT**

LOCAL ELECTIONS CANDIDATE

SEE AMENDMENT



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

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JURISDICTION <b>ABBOTSFORD</b>			
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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.		

- 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:

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|---|---|
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# 4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS

## LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE	TADEUSZ KUCZYNSKI
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**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 Kuczynski	DATE: (YYYY/MM/DD) 2015/01/02
-------------------------------------	----------------------------------

PRINTED NAME OF CANDIDATE	TADEUSZ KUCZYNSKI
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SIGNATURE OF FINANCIAL AGENT NA	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	

# 4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS

## LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

SEE AMENDMENT

NAME OF CANDIDATE	TADEUSZ KUCZYNSKI
-------------------	-------------------

### 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	<i>Kuczynski</i>	DATE: (YYYY/MM/DD)
PRINTED NAME OF CANDIDATE	KUCZYNSKI	

SIGNATURE OF FINANCIAL AGENT	NA	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**

PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

TADEUSZ KUCZYNSKI

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

 0

Transfers received from elector organization (from box A on form 4226)

 0

Total other permissible deposits (from box A on form 4227)

 0

Transfers from candidate's own accounts in other jurisdictions (from box A on form 4233)

 0**Total Income** (sum of above boxes) 0 A

Election expenses (from box A on form 4229)

 0

Transfers to elector organization (from box A on form 4230)

 0

Total other permissible payments (from box A on form 4231)

 0

Transfers to candidate's own accounts in other jurisdictions (from box B on form 4233)

 0

Amount of surplus funds disbursed (from box A on form 4234)

 0**Total Expenditures** (sum of above boxes) 0 B

**4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS**  
**LOCAL ELECTIONS CANDIDATE**



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

TADEUSZ KUCZYNSKI

**All Contributions**

Individuals		<input type="radio"/>	
Corporations		<input type="radio"/>	
Unincorporated Business/Commercial Organizations		<input type="radio"/>	
Trade Unions		<input type="radio"/>	
Non-profit Organizations		<input type="radio"/>	
Other Identifiable Contributors		<input type="radio"/>	
Total	\$	<input type="radio"/>	A

Anonymous contributions \$  B

Total contributions (A + B) \$  C

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 #

**4224 - SIGNIFICANT CONTRIBUTORS (\$100 OR MORE)**

**LOCAL ELECTIONS CANDIDATE**



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE **TADEUSZ KUCZYNSKI** PAGE

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

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** A

# 4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS

## LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE <div style="font-size: 2em; font-family: cursive; text-align: center;">TADEUSZ KUCZYNSKI</div>	PAGE <input style="width: 30px; height: 15px;" type="text"/> OF <input style="width: 30px; height: 15px;" type="text"/>
<b>INSTRUCTIONS:</b> 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



# 4226 - TRANSFERS RECEIVED FROM ELECTOR ORGANIZATION

## LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE <span style="font-size: 1.5em; margin-left: 50px;">KUCZYNSKI</span>	PAGE <input style="width: 30px; height: 15px;" type="text"/> OF <input style="width: 30px; height: 15px;" type="text"/>
---	--

DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER		
<b>TOTAL</b>			<table border="1" style="border-collapse: collapse;"> <tr> <td style="padding: 5px; text-align: center;">A</td> <td style="padding: 5px; text-align: center; font-size: 1.5em;">NA</td> </tr> </table>	A	NA
A	NA				

\*Also include legal name if different than ballot name.



# 4228 - FUNDRAISING FUNCTION TICKET SALES

## LOCAL ELECTIONS CANDIDATE

PLEASE PRINT IN BLOCK LETTERS

SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD



NAME OF CANDIDATE <b>TADEUSZ KUCZYNSKI</b>	PAGE <input type="text"/>
	OF <input type="text"/>
DATE OF EVENT (YYYY/MM/DD)	DESCRIPTION OF FUNDRAISING EVENT <b>na</b>

**Income reported as campaign contributions**

	Number of Tickets Sold	Charge per Ticket	Total Charges Collected	Tick if Charge per Ticket Varies
Purchases by organizations	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>
Purchases by individuals of more than \$250 worth of tickets	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>
Purchases by individuals of tickets that are more than \$50 each	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>
Total income reported as campaign contributions	<input style="width: 100%;" type="text"/>			

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	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>

# 4229 - SUMMARY OF ELECTION EXPENSES

## LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE **TADEUSZ KUCZYNSKI**

	Column A Election Expenses	Column B Election Proceedings Period Expenses
<b>ADVERTISING</b>		
Brochures, pamphlets and flyers	0	0
Internet	0	0
Newspaper, magazine, journal	0	0
Radio	0	0
Signs and billboards	0	0
Television	0	0
Other advertising	0	0
<b>CAMPAIGN ADMINISTRATION</b>		
Salaries and wages	0	0
Rent, insurance and utilities	0	0
Courier and postage	0	0
Furniture and equipment	0	0
Office supplies	0	0
Professional services	0	0
Other campaign administration expenses	0	0
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>		
Personal election expenses	0	0
Interest on loans for election expenses	0	0
Legal and accounting services	0	0
Financial agent services	0	0
Other expenses (describe)		
<b>Total Expenses</b>	<b>A</b> 0	<b>B</b> 0

**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.

# 4230 - TRANSFERS GIVEN TO ELECTOR ORGANIZATION

## LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE TADEUSZ KUCZYNSKI PAGE    
OF  

DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER

\*Also include legal name if different than ballot name.

TOTAL A NA

4231 - OTHER PERMISSIBLE PAYMENTS  
FROM CAMPAIGN ACCOUNT

LOCAL ELECTIONS CANDIDATE

PLEASE PRINT IN BLOCK LETTERS



NAME OF CANDIDATE: TADEUSZ KUCZYNSKI      PAGE  OF

DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AMOUNT

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

TOTAL    A    NA

**4232 - SHARED ELECTION EXPENSE**

**LOCAL ELECTIONS CANDIDATE**

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SUBMIT A SEPARATE FORM FOR EACH SHARED ELECTION EXPENSE

NAME OF CANDIDATE TADEUSZ KUCZYNSKI

PAGE  OF

DESCRIPTION OF SHARED EXPENSE

Total value of shared election expense  0

Candidate's portion of shared election expense\*  0

Amount paid directly to supplier (if applicable)  0

Amount of reimbursements given to other candidate(s)  0

Amount of reimbursements received from other candidates  0

**\*Note: Remember to include your portion of the shared expense as an election expense on form 4229 - Summary of Election Expenses.**

**Full names of other candidates with whom the expense was shared:**

LAST NAME	FIRST NAME	MIDDLE NAME

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

**LOCAL ELECTIONS CANDIDATE**

PLEASE PRINT IN BLOCK LETTERS



NAME OF CANDIDATE **TADEUSZ KUCZYNSKI**

PAGE   
OF

**Transfers between candidate's own campaign accounts in same jurisdiction**

PURPOSE	AMOUNT

**Transfers from candidate's own campaign accounts in other jurisdictions**

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

**Transfers to candidate's own campaign accounts in other jurisdictions**

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

The amounts in boxes A and B must be carried forward to form 4222.



# 4234 - DISBURSEMENT OF SURPLUS FUNDS

## LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE TADEUSZ KUCZYNSKI

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

Total amount of campaign contributions from candidate   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)   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

# 4235 - FREE ADVERTISING FROM JURISDICTION

## LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

TADEUSZ KUCZYNSKI

Free advertising provided by jurisdiction

DATE ADVERTISING WAS TRANSMITTED (YYYY/MM/DD)	JURISDICTION	MEANS OF TRANSMISSION (WEBSITE, FLYER, ETC.)
<del>?</del>	<del>ABBOTSFORD</del>	<del>SHAW TV</del>

**4235 - FREE ADVERTISING FROM JURISDICTION**

**LOCAL ELECTIONS CANDIDATE**



PLEASE PRINT IN BLOCK LETTERS **SEE AMENDMENT**

NAME OF CANDIDATE **TADEUSZ KUCZYNSKI**

Free advertising provided by jurisdiction

DATE ADVERTISING WAS TRANSMITTED (YYYY/MM/DD)	JURISDICTION	MEANS OF TRANSMISSION (WEBSITE, FLYER, ETC.)
?	ABBOTSFORD	SHAW TV

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



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NAME OF CANDIDATE <b>TADEUSZ KUCZYNSKI</b>		
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
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CITY/TOWN	POSTAL CODE	EMAIL (IF AVAILABLE)
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CITY/TOWN	POSTAL CODE	EMAIL (IF AVAILABLE)