

# CAMPAIGN FINANCING DISCLOSURE STATEMENT

## LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

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

CANDIDATE'S FULL NAME <b>Irene Rose Jacobson</b>		GENERAL VOTING DAY (YYYY/MM/DD) <b>2014/11/15</b>
BALLOT NAME (IF DIFFERENT FROM ABOVE) <b>Irene Jacobson</b>		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) <b>School Trustee</b>
MAILING ADDRESS <b>2827 15<sup>th</sup> Avenue</b>		PHONE NO. <b>250-421-5666</b>
CITY/TOWN <b>Port Alberni</b>	POSTAL CODE <b>V9Y 1Z1</b>	EMAIL (IF AVAILABLE) <b>ljacobson@shaw.ca</b>
JURISDICTION <b>City of Port Alberni</b>		
ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELECTORAL AREA (IF APPLICABLE) <b>Trustee Electoral Area #1 for School District No. 70 Alberni</b>		
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE) <del>Canadian Union of Public Employees</del>		
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE) <del>CUPE 727</del>		
FINANCIAL AGENT'S LAST NAME <b>Johnston</b>	FIRST NAME <b>Laura</b>	MIDDLE NAME <b>Jean</b>
FINANCIAL AGENT'S MAILING ADDRESS <b>8954 Faber Road</b>		PHONE NO. <b>250-724-2210</b>
CITY/TOWN <b>Port Alberni</b>	POSTAL CODE <b>V9Y 1B9</b>	EMAIL (IF AVAILABLE) <b>l-jonson@telus.net</b>
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD) <b>2014/09/24</b>	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"/>                  |

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

**4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT**

**LOCAL ELECTIONS CANDIDATE**



PLEASE PRINT IN BLOCK LETTERS

SEE AMENDMENT

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

CANDIDATE'S FULL NAME <i>Irene Rose Jacobson</i>		GENERAL VOTING DAY (YYYY/MM/DD) <i>2014/11/15</i>	
BALLOT NAME (IF DIFFERENT FROM ABOVE) <i>Irene Jacobson</i>		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) <i>School Trustee</i>	
MAILING ADDRESS <i>2827 15<sup>th</sup> Avenue</i>		PHONE NO. <i>278-421-5666</i>	
CITY/TOWN <i>Port Alberni</i>	POSTAL CODE <i>V9Y 1Z21</i>	EMAIL (IF AVAILABLE) <i>ijacobson@shaw.ca</i>	
JURISDICTION <i>City of Port Alberni</i>			
ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELECTORAL AREA (IF APPLICABLE) <i>Trustee Electoral Area #1 for School District No. 70 Alberni</i>			
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE) <i>Canadian Union of Public Employees</i>			
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE) <i>CUPE 727</i>			
FINANCIAL AGENT'S LAST NAME <i>Johnston</i>	FIRST NAME <i>Laura</i>	MIDDLE NAME <i>Jean</i>	
FINANCIAL AGENT'S MAILING ADDRESS <i>8954 Faber Road</i>		PHONE NO. <i>250-724-2210</i>	
CITY/TOWN <i>Port Alberni</i>	POSTAL CODE <i>V9Y 1B89</i>	EMAIL (IF AVAILABLE) <i>l-jonson@telus.net</i>	
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD) <i>2014/09/24</i>	If there were previous financial agents, complete form 4236.		
<input type="checkbox"/> Tick if candidate was registered as a third party sponsor		<input checked="" type="checkbox"/> 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**



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE <i>Irene Rose Jacobson</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 CANDIDATE <i>Irene Rose Jacobson</i>	DATE: (YYYY/MM/DD) <i>2015/01/17</i>
PRINTED NAME OF CANDIDATE Irene Rose Jacobson	
SIGNATURE OF FINANCIAL AGENT <i>Laura Johnston</i>	DATE: (YYYY/MM/DD) <i>2015/01/17</i>
PRINTED NAME OF FINANCIAL AGENT Laura Jean Johnston	
<b>Campaign accounts:</b>	
NAME OF SAVINGS INSTITUTION <i>Royal Bank of Canada</i>	
ADDRESS <i>2925 - 3rd Avenue Port Alberni B.C. V9Y 2A6</i>	
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	Irene Rose Jacobson		
Total value of campaign contributions from all sources (from box C on form 4223)	\$ 1050.00		
Transfers received from elector organization (from box A on form 4226)	\$ 1050.00		
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		
<b>Total Income</b> (sum of above boxes)	\$ 1050.00		<b>A</b>
Election expenses (from box A on form 4229)	\$ 1000.03		
Transfers to elector organization (from box A on form 4230)	0		
Total other permissible payments (from box A on form 4231)	23.50 + 10.00 Bank Fees		
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)	\$ 33.97 26.47		
<b>Total Expenditures</b> (sum of above boxes)	\$ 1050.00		<b>B</b>

**4222 - STATEMENT OF INCOME AND EXPENSES**

**LOCAL ELECTIONS CANDIDATE**



PLEASE PRINT IN BLOCK LETTERS

SEE AMENDMENT

NAME OF CANDIDATE		Irene Rose Jacobson	
Total value of campaign contributions from all sources (from box C on form 4223)	\$	1050.00	
Transfers received from elector organization (from box A on form 4226)	\$	1050.00	
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	
<b>Total Income (sum of above boxes)</b>	\$	1050.00	<b>A</b>
Election expenses (from box A on form 4229)	\$	1000.03	
Transfers to elector organization (from box A on form 4230)		0	
Total other permissible payments (from box A on form 4231)	\$	16.00 Bank fees	
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)	\$	33.97	
<b>Total Expenditures (sum of above boxes)</b>	\$	1050.00	<b>B</b>

**4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS**

**LOCAL ELECTIONS CANDIDATE**



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

Irene Rose Jacobson

**All Contributions**

Individuals		0	
Corporations		0	
Unincorporated Business/Commercial Organizations		0	
Trade Unions		\$ 1050.00	
Non-profit Organizations		0	
Other Identifiable Contributors		0	
<b>Total</b>	<b>\$</b>	<b>\$ 1050.00</b>	<b>A</b>

Anonymous contributions \$ 0 **B**

Total contributions (A + B) \$ \$ 1050.00 **C**

Total significant contributions (must equal box A on all forms 4224) \$ \$ 1050.00

Total contributions of less than \$100 \$ 0

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

Number of anonymous contributors # 0

4224 - SIGNIFICANT CONTRIBUTORS (\$100 OR MORE)

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE <i>Irene Rose Jacobson</i>	PAGE	1
	OF	13

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
<i>2014/10/06</i>	<i>Trade Union Local 727 CUPE (LAURA Johnston Terri-Ann WYNANS)</i>	<i>4576 Adelaide Street Port Alberni BC V9Y 6N3</i>	<i>4</i>	<i>\$ 250.00</i>
<i>2014/11/01</i>	<i>Vancouver Island District Labour Council (CRAIG ANDERSON Amber Leonard)</i>	<i><del>Treasurer Craig Anderson Box 333, Gold River BC V0P 1G0 candor10@comcastable.com</del></i>	<i>4</i>	<i>\$ 300.00</i>
<i>2014/11/10</i>	<i>Canadian Union of Public Employees (MARK HAINES PAUL TAURO) (BC Division)</i>	<i>510-4940 Canada Way Burnaby, BC V5G 4T3.</i>	<i>4</i>	<i>\$ 500.00</i>

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 \$ <i>1050.00</i>
---	---

4224 - SIGNIFICANT CONTRIBUTORS (\$100 OR MORE)

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

SEE AMENDMENT

NAME OF CANDIDATE Irene Rose Jacobson. PAGE 1 OF 13

Table with 5 columns: DATE OF CONTRIBUTION (YYYY/MM/DD), FULL NAME OF CONTRIBUTOR, ADDRESS OF CONTRIBUTOR, CLASS\*, VALUE OF CONTRIBUTION. Contains handwritten entries for CUPE, Vancouver Island District Labour Council, and Canadian Union of Public Employees.

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 \$1050.00



**4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS**

LOCAL ELECTIONS CANDIDATE

N/A



**ELECTIONS BC**

A non-partisan Office of the Legislature

PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE <span style="font-size: 1.2em; font-family: cursive;">Irene Rose Jacobson</span>	PAGE <span style="border: 1px solid black; padding: 2px;">2</span> OF <span style="border: 1px solid black; padding: 2px;">13</span>
<b>INSTRUCTIONS: Complete one sheet for each prohibited campaign contribution received.</b> Attach additional forms if necessary. <span style="font-size: 1.2em; font-family: cursive;">N/A.</span>	

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 Irene Rose Jacobson. PAGE 3  
OF 13

DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER
<del>2014/10/06</del>	<del>Canadian Union of Public Employees LOCAL 727 Vancouver Island</del>		<del>\$ 250.00</del>
<del>2014/11/01</del>	<del>District Labour Council</del>		<del>\$ 300.00</del>
<del>2014/11/10</del>	<del>Canadian Union of Public Employees, B.C.</del>		<del>\$ 500.00</del>
TOTAL			A <sup>B</sup> <u>10,500.00</u>

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

**4226 - TRANSFERS RECEIVED  
FROM ELECTOR ORGANIZATION**



**LOCAL ELECTIONS CANDIDATE**

PLEASE PRINT IN BLOCK LETTERS

**SEE AMENDMENT**

NAME OF CANDIDATE Irene Rose Jacobson. PAGE 3  
OF 13

DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER
2014/10/06	Canadian Union of Local Public Employees 727		\$ 250.00
2014/11/01	Vancouver Island District Labour Council		\$ 300.00
2014/11/10	Canadian Union of Public Employees, B.C.		\$ 500.00
TOTAL			A \$ 1050.00

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

**4227 - OTHER PERMISSIBLE DEPOSITS  
TO CAMPAIGN ACCOUNT**

N/A



**LOCAL ELECTIONS CANDIDATE**

PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE Irene Rose Jacobson.

PAGE 4  
OF 13

DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AMOUNT
		N/A	
<b>TOTAL</b>			<b>A</b>

\*TYPE:  
 I – Interest  
 D – Dividends of shares paid by credit union  
 S – Surplus funds from previous election returned by jurisdiction  
 F – Fundraising income not reported as a campaign contribution  
 O – Other (describe)

# 4228 - FUNDRAISING FUNCTION TICKET SALES

LOCAL ELECTIONS CANDIDATE

N/A



PLEASE PRINT IN BLOCK LETTERS

SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD

NAME OF CANDIDATE <i>Irene Rose Jacobson</i>	PAGE <input style="width: 20px;" type="text" value="5"/> OF <input style="width: 20px;" type="text" value="13"/>
---	---

DATE OF EVENT (YYYY/MM/DD)	DESCRIPTION OF FUNDRAISING EVENT
----------------------------	----------------------------------

Income reported as campaign contributions *N/A*

	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**

*ETA*



PLEASE PRINT IN BLOCK LETTERS

6 of 13

NAME OF CANDIDATE Irene Rose Jacobson

	Column A Election Expenses	Column B Election Proceedings Period Expenses
<b>ADVERTISING</b>		
Brochures, pamphlets and flyers	\$ 238.56	\$ 238.56
Internet		
Newspaper, magazine, journal	\$ 761.47	\$ 761.47
Radio		
Signs and billboards		
Television		
Other advertising		
<b>CAMPAIGN ADMINISTRATION</b>		
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		
<b>EXCLUSIONS THAT MUST BE REPORTED</b>		
Personal election expenses		
Interest on loans for election expenses		
Legal and accounting services		
Financial agent services		
Other expenses (describe)		
<b>Total Expenses</b>	<b>A</b> \$ 1000.03	<b>B</b> \$ 1000.03

**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 Irene Rose Jacobson

PAGE 7  
OF 13

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**

**4231 - OTHER PERMISSIBLE PAYMENTS  
FROM CAMPAIGN ACCOUNT**



**LOCAL ELECTIONS CANDIDATE**

PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE <i>Irene Rose Jacobson</i>	PAGE <span style="border: 1px solid black; padding: 2px;">3</span> OF <span style="border: 1px solid black; padding: 2px;">13</span>
--	---

DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AMOUNT
2014/11/03	B	paper statement \$2.00 <del>minimum monthly fee 6.00</del>	\$ <del>8.00</del> \$2.00
2014/12/01	B	paper statement \$2.00 <del>minimum monthly fee 6.00</del>	\$ <del>8.00</del> \$2.00
2014/12/09	B	<del>draft \$26.47</del> service fee 7.50	\$ <del>32.97</del> \$7.50
2014/11/03	B	minimum monthly fee	\$6.00
2014/12/01	B	minimum monthly fee	\$6.00

\* 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 \$49.97  
\$23.50



**4231 - OTHER PERMISSIBLE PAYMENTS  
FROM CAMPAIGN ACCOUNT**



**LOCAL ELECTIONS CANDIDATE SEE AMENDMENT**

PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE <u>Irene Rose Jacobson</u>		PAGE <u>8</u>
		OF <u>13</u>

DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AMOUNT
2014/11/03	B	paper statement \$2.00 minimum monthly fee 6.00	\$ 8.00
2014/12/01	B	paper statement \$2.00 minimum monthly fee 6.00	\$ 8.00
2014/12/09	B	draft \$26.47 service fee 7.50	\$ 33.97

\* 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** \$ 49.97

**4232 - SHARED ELECTION EXPENSE**

N/A.

**LOCAL ELECTIONS CANDIDATE**

PLEASE PRINT IN BLOCK LETTERS



**ELECTIONS BC**  
A non-partisan Office of the Legislature

SUBMIT A SEPARATE FORM FOR EACH SHARED ELECTION EXPENSE

NAME OF CANDIDATE

Irene Rose Jacobson

PAGE 9

OF 13

DESCRIPTION OF SHARED EXPENSE

Total value of shared election expense

Candidate's portion of shared election expense\*

Amount paid directly to supplier (if applicable)

Amount of reimbursements given to other candidate(s)

Amount of reimbursements received from other candidates

**\*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**

N/A



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE Irene Rose Jacobson

PAGE 10  
OF 13

**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
TOTAL		<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
TOTAL		<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

11 of 13

NAME OF CANDIDATE Irene Rose Jacobson.

Balance remaining in campaign account(s) after payment of all expenses \$33.97 \$26.47 **A**

Total amount of campaign contributions from candidate 0 **B**

Amount reimbursed to candidate from campaign account for the candidate's contributions to their campaign 0 **C**

Date of reimbursement to candidate (YYYY/MM/DD) N/A.

Amount of remaining surplus funds (after any reimbursement under box C) \$33.97 \$26.47 **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). 2014/12/09.

If the amount in Box D is less than \$500 provide details of how it was disbursed.

DATE (YYYY/MM/DD)	DESCRIPTION	AMOUNT
2014/12/09	CUPE BC	
	Canadian Union of Public Employees of BC	\$26.47

**4234 - DISBURSEMENT OF SURPLUS FUNDS**

**LOCAL ELECTIONS CANDIDATE**



PLEASE PRINT IN BLOCK LETTERS

SEE AMENDMENT

11 of 13

NAME OF CANDIDATE Kene Rose Jacobson.

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

\$33,97 **A**

Total amount of campaign contributions from candidate

0 **B**

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

0 **C**

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

N/A.

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

\$33,97 **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).

2014/12/09.

If the amount in Box D is less than \$500 provide details of how it was disbursed.

DATE (YYYY/MM/DD)	DESCRIPTION	AMOUNT
<u>2014/12/09</u>	<u>CUPE BC</u>	
	<u>Canadian Union of Public Employees of BC</u>	<u>\$26,47</u>

**4235 - FREE ADVERTISING FROM JURISDICTION**

**LOCAL ELECTIONS CANDIDATE**

N/A.



PLEASE PRINT IN BLOCK LETTERS

12 of 13

NAME OF CANDIDATE

Irene Rose Jacobson.

**Free advertising provided by jurisdiction**

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

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

N/A.



PLEASE PRINT IN BLOCK LETTERS

13 of 13

NAME OF CANDIDATE				Irene Rose Jacobson.			
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)			