

4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

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

CANDIDATE'S FULL NAME <b>Goelle Anne Frey</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 Board trustee</b>
MAILING ADDRESS <b>3883 7<sup>th</sup> Avenue</b>		PHONE NO. <b>250-724-0838</b>
CITY / TOWN <b>Port Alberni</b>	POSTAL CODE <b>V9Y 1A1</b>	EMAIL (IF AVAILABLE) <b>andrew.frey69@shaw.ca</b>
JURISDICTION <b>PORT ALBERNI 5070</b>		
ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELECTORAL AREA (IF APPLICABLE) <del>5070 PORT ALBERNI</del>		
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)		
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)		

FINANCIAL AGENT'S LAST NAME <b>N/A</b>	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 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"/>                  |

# 4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT

## LOCAL ELECTIONS CANDIDATE



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

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BALLOT NAME (IF DIFFERENT FROM ABOVE)		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) <b>School Board trustee</b>	
MAILING ADDRESS <b>3853 7<sup>th</sup> Avenue</b>		PHONE NO. <b>250-724-0838</b>	
CITY / TOWN <b>Port Alberni</b>	POSTAL CODE <b>V9Y 1L1</b>	EMAIL (IF AVAILABLE) <b>andrew.frey69@shaw.ca</b>	
JURISDICTION <b>PORT ALBERNI 5070</b>			
ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELECTORAL AREA (IF APPLICABLE) <b>5070 PORT ALBERNI</b>			
<b>SEE AMENDMENT</b>			
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)			
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)			

FINANCIAL AGENT'S LAST NAME <b>N/A</b>	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)	<b>If there were previous financial agents, complete form 4236.</b>	

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| Fundraising Function Ticket Sales -- Form 4228 <input checked="" type="checkbox"/>            | Previous Financial Agents -- Form 4236 <input type="checkbox"/>                             |

**4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS**

**LOCAL ELECTIONS CANDIDATE**



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NAME OF CANDIDATE	Gaelle Anne Frey
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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 <i>Gaelle Frey</i>	DATE: (YYYY/MM/DD) 2015/01/10
PRINTED NAME OF CANDIDATE Gaelle Frey	

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

**Campaign accounts:**

NAME OF SAVINGS INSTITUTION	Scotia Bank
ADDRESS	3777 10 <sup>th</sup> Avenue Port Alberni, BC.
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

*Gaelle Frey*

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)

 **A**

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)

 **B**

4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS  
LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE

Gaëlle Frey

All Contributions

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

Anonymous contributions \$ 0 B

Total contributions (A + B) \$ 0 C

Total significant contributions (must equal box A on all forms 4224) \$ 0

Total contributions of less than \$100 \$ 0

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;">Gaëlle Frey</div>	PAGE <input style="width: 20px; height: 15px;" type="text" value="1"/> OF <input style="width: 20px; height: 15px;" type="text" value="1"/>
<b>INSTRUCTIONS: Complete one sheet for each prohibited campaign contribution received.                  Attach additional forms if necessary.</b>	

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







# 4228 - FUNDRAISING FUNCTION TICKET SALES

## LOCAL ELECTIONS CANDIDATE

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SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD



NAME OF CANDIDATE <span style="font-size: 1.5em; font-family: cursive;">Gaelle Frey</span>	PAGE <input style="width: 20px;" type="text"/>
	OF <input style="width: 20px;" type="text"/>

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

N/A

# 4229 - SUMMARY OF ELECTION EXPENSES

## LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE Gaelle Frey

	Column A Election Expenses	Column B Election Proceedings Period Expenses
<b>ADVERTISING</b>		
Brochures, pamphlets and flyers		
Internet		
Newspaper, magazine, journal		
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)		

**Total Expenses**

A	<u>0</u>	B	<u>0</u>
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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.





# 4232 - SHARED ELECTION EXPENSE

## LOCAL ELECTIONS CANDIDATE

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SUBMIT A SEPARATE FORM FOR EACH SHARED ELECTION EXPENSE

NAME OF CANDIDATE <span style="font-size: 1.5em; font-family: cursive;">Gaelle Frey</span>	PAGE <input style="width: 20px;" type="text" value="1"/> OF <input style="width: 20px;" type="text" value="1"/>
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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**

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NAME OF CANDIDATE

*Gaelle Frey*

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
TOTAL A		<i>Ø</i>

**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		<i>Ø</i>

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









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



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NAME OF CANDIDATE <i>Gaëlle Frey</i>		
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.
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FINANCIAL AGENT MAILING ADDRESS		PHONE NO.
CITY/TOWN	POSTAL CODE	EMAIL (IF AVAILABLE)