

4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

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

CANDIDATE'S FULL NAME <b>STEWART WAYNE YOUNG.</b>		GENERAL VOTING DAY (YYYY/MM/DD) <b>2014-11-15</b>
BALLOT NAME (IF DIFFERENT FROM ABOVE)		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) <b>MAYOR.</b>
MAILING ADDRESS <b>3001 GLEN LAKE ROAD</b>		PHONE NO. <b>250-818-5145</b>
CITY / TOWN <b>LANGFORD</b>	POSTAL CODE <b>V9B 4B3</b>	EMAIL (IF AVAILABLE) <b>stewyoung7@icloud.com.</b>
JURISDICTION <b>CITY OF LANGFORD.</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 <b>HARRITY</b>	FIRST NAME <b>STEVEN</b>	MIDDLE NAME <b>JAMES</b>
FINANCIAL AGENT'S MAILING ADDRESS <b>3090 SHOREVIEW DRIVE</b>		PHONE NO. <b>250 883-1481</b>
CITY / TOWN <b>VICTORIA.</b>	POSTAL CODE <b>V9B 1A73</b>	EMAIL (IF AVAILABLE) <b>stev@adpincgroup.com</b>
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD) <b>2014-OCT-10</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 type="checkbox"/>               |
| Statement of Income and Expenses – Form 4222 <input checked="" type="checkbox"/>           | Transfers Given to Elector Organization – Form 4230 <input 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 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 checked="" 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"/>                  |

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LOCAL ELECTIONS CANDIDATE



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CITY / TOWN <b>LANGFORD</b>	POSTAL CODE <b>V9B 4B3</b>	EMAIL (IF AVAILABLE) <b>stewyoung7@icloud.com.</b>
JURISDICTION <b>CITY OF LANGFORD.</b>		
ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELECTORAL AREA (IF APPLICABLE)		
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)		
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FINANCIAL AGENT'S MAILING ADDRESS <b>3090 SHOREVIEW DRIVE</b>		PHONE NO. <b>250 883-1481</b>
CITY / TOWN <b>VICTORIA.</b>	POSTAL CODE <b>V9B 1A3</b>	EMAIL (IF AVAILABLE) <b>stev@alpmgroup.com.</b>
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD) <b>2014-OCT-10</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

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

SEE AMENDMENT

**4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS**  
**LOCAL ELECTIONS CANDIDATE**



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NAME OF CANDIDATE <p style="text-align: center; font-size: 1.2em;">STEWART WAYNE YOUNG.</p>
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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 	DATE: (YYYY/MM/DD) <p style="text-align: center; font-size: 1.1em;">2015-01-31.</p>
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PRINTED NAME OF CANDIDATE <p style="text-align: center; font-size: 1.1em;">STEWART WAYNE YOUNG</p>
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SIGNATURE OF FINANCIAL AGENT 	DATE: (YYYY/MM/DD) <p style="text-align: center; font-size: 1.1em;">2015-01-31.</p>
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PRINTED NAME OF FINANCIAL AGENT <p style="text-align: center; font-size: 1.1em;">STEVEN JAMES HARRITY.</p>
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**Campaign accounts:**

NAME OF SAVINGS INSTITUTION <p style="text-align: center; font-size: 1.1em;">TD CANADA TRUST.</p>
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ADDRESS <p style="font-size: 1.1em;">WESTSHORE TOWN CENTRE - 2946 JAERLIN ROAD, UNIT 860, VICTORIA, BC V9B5E3</p>
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NAME OF SAVINGS INSTITUTION
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ADDRESS
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NAME OF SAVINGS INSTITUTION
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ADDRESS
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NAME OF SAVINGS INSTITUTION
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ADDRESS
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**4222 - STATEMENT OF INCOME AND EXPENSES**

**LOCAL ELECTIONS CANDIDATE**



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NAME OF CANDIDATE

STEWART W YOUNG.

Total value of campaign contributions from all sources (from box C on form 4223)	60.00	
Transfers received from elector organization (from box A on form 4226)	N/A	
Total other permissible deposits (from box A on form 4227)	N/A	
Transfers from candidate's own accounts in other jurisdictions (from box A on form 4233)	N/A.	
<b>Total Income (sum of above boxes)</b>	<b>60.00</b>	<b>A</b>
Election expenses (from box A on form 4229)	N/A	
Transfers to elector organization (from box A on form 4230)	N/A	
Total other permissible payments (from box A on form 4231)	6.04	
Transfers to candidate's own accounts in other jurisdictions (from box B on form 4233)	N/A	
Amount of surplus funds disbursed (from box A on form 4234)	53.96	
<b>Total Expenditures (sum of above boxes)</b>	<b>60.00</b>	<b>B</b>

4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE STEWART W. YOUNG

		All Contributions	
Individuals		\$ 60 <sup>00</sup>	
Corporations		/	
Unincorporated Business/Commercial Organizations		/	
Trade Unions		/	
Non-profit Organizations		/	
Other Identifiable Contributors		/	
Total	\$	60 <sup>00</sup>	A

Anonymous contributions \$ N/A B

Total contributions (A + B) \$ 60<sup>00</sup> C

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

Total contributions of less than \$100 \$ 60<sup>00</sup>

Number of contributors who gave less than \$100 # 1

Number of anonymous contributors # 0

4231 - OTHER PERMISSIBLE PAYMENTS FROM CAMPAIGN ACCOUNT LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE STEWART WAYNE YOUNG.

PAGE 1 OF 1

Table with 4 columns: DATE (YYYY/MM/DD), TYPE, DESCRIPTION, AMOUNT. Contains handwritten entries for 'BANK FEES' on various dates from 2014 to 2015.

\* 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 6.04

# 4234 - DISBURSEMENT OF SURPLUS FUNDS

## LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE

STEWART WAYNE YOUNG

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

53.96 A

Total amount of campaign contributions from candidate

60.<sup>00</sup> B

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

53.96 C

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

2015/02/02

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

0 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

# 4234 - DISBURSEMENT OF SURPLUS FUNDS

## LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

Balance remaining in campaign account(s) after payment of all expenses 53.96 A

Total amount of campaign contributions from candidate 60.<sup>00</sup> B

Amount reimbursed to candidate from campaign account for the candidate's contributions to their campaign 53.96 C

Date of reimbursement to candidate (YYYY/MM/DD) 2015/02/02

Amount of remaining surplus funds (after any reimbursement under box C) ~~0~~ 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

SEE AMENDMENT