

4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT

LOCAL ELECTIONS CANDIDATE



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Amendment # _____

CANDIDATE'S FULL NAME JOHN SAMUEL MILLER		GENERAL VOTING DAY (YYYY/MM/DD) 2014 11 14	
BALLOT NAME (IF DIFFERENT FROM ABOVE)		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) ADVISORY COUNCILLOR	
MAILING ADDRESS PO. BOX 1245		PHONE NO. (604) 885-2188	
CITY / TOWN SECHelt B.C.	POSTAL CODE V0N 1B00	EMAIL (IF AVAILABLE)	
JURISDICTION SECHelt INDIAN BAND #2 (SUNSHINE COAST)			
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 MILLER	FIRST NAME JOHN	MIDDLE NAME SAMUEL	
FINANCIAL AGENT'S MAILING ADDRESS PO. BOX 1245		PHONE NO. (604) 885-2188	
CITY / TOWN SECHelt B.C.	POSTAL CODE V0N 1B00	EMAIL (IF AVAILABLE)	
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD) 2014 8 01	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 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"/>		

4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE <div style="font-size: 1.5em; font-family: cursive; margin-top: 5px;">JOHN SAMUEL MILLER</div>	
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 <i>Local Elections Campaign Financing Act</i> (LECFA).	
SIGNATURE OF CANDIDATE <div style="font-size: 1.5em; font-family: cursive; margin-top: 5px;">John Miller</div>	DATE: (YYYY/MM/DD) 2014 10 29
PRINTED NAME OF CANDIDATE	
SIGNATURE OF FINANCIAL AGENT	DATE: (YYYY/MM/DD)
PRINTED NAME OF FINANCIAL AGENT	
Campaign accounts:	
NAME OF SAVINGS INSTITUTION <div style="font-size: 1.5em; font-family: cursive; margin-top: 5px;">/</div>	
ADDRESS	
NAME OF SAVINGS INSTITUTION <div style="font-size: 1.5em; font-family: cursive; margin-top: 5px;">/</div>	
ADDRESS	
NAME OF SAVINGS INSTITUTION <div style="font-size: 1.5em; font-family: cursive; margin-top: 5px;">/</div>	
ADDRESS	
NAME OF SAVINGS INSTITUTION <div style="font-size: 1.5em; font-family: cursive; margin-top: 5px;">/</div>	
ADDRESS	

4222 - STATEMENT OF INCOME AND EXPENSES

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE JOHN SAMUEL MILLER

Total value of campaign contributions from all sources (from box C on form 4223) \$ 0.00

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) \$ 0.00 **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) \$ 0.00 **B**

4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE JOHN SAMUEL MILLER

		All Contributions
Individuals		/
Corporations		/
Unincorporated Business/Commercial Organizations		/
Trade Unions		/
Non-profit Organizations		/
Other Identifiable Contributors		/
Total	\$	0.00 A

Anonymous contributions \$ / **B**

Total contributions (A + B) \$ 0.00 **C**

Total significant contributions (must equal box A on all forms 4224) \$ 0.00

Total contributions of less than \$100 \$ 0.00

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

Number of anonymous contributors # /

4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE <div style="font-size: 2em; font-family: cursive; margin-top: 10px;">JOHN SAMUEL MILLER</div>	PAGE <input style="width: 40px;" type="text"/> OF <input style="width: 40px;" type="text"/>
<p>INSTRUCTIONS: Complete one sheet for each prohibited campaign contribution received. Attach additional forms if necessary.</p>	

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					
<p>Complete this field if the prohibited campaign contribution was received from an individual:</p> NAME OF INDIVIDUAL <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>					
<p>Complete these fields if the prohibited campaign contribution was received from an organization:</p>					
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 <i>John Samuel Miller</i>	PAGE <input type="text"/> OF <input type="text"/>
DATE OF EVENT (YYYY/MM/DD) <i>/</i>	DESCRIPTION OF FUNDRAISING EVENT <i>/</i>

Income reported as campaign contributions

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

4229 - SUMMARY OF ELECTION EXPENSES

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE

JOHN SAMUEL MILLER

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

	Total Expenses	<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 10%; text-align: center;">A</td> <td style="width: 90%; text-align: center;">\$ 0.00</td> </tr> </table>	A	\$ 0.00	<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 10%; text-align: center;">B</td> <td style="width: 90%; text-align: center;">\$ 0.00</td> </tr> </table>	B	\$ 0.00
A	\$ 0.00						
B	\$ 0.00						

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.

4233 - TRANSFERS BETWEEN CANDIDATE'S OWN CAMPAIGN ACCOUNTS
LOCAL ELECTIONS CANDIDATE
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NAME OF CANDIDATE JOHN SAMUEL MILLER PAGE
 OF

Transfers between candidate's own campaign accounts in same jurisdiction

PURPOSE	AMOUNT
	\$ 0.00

Transfers from candidate's own campaign accounts in other jurisdictions

DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)	AMOUNT
		\$ 0.00
TOTAL A		\$ 0.00

Transfers to candidate's own campaign accounts in other jurisdictions

DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)	AMOUNT
		\$ 0.00
TOTAL B		\$ 0.00

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 JOHN SAMUEL MILLER			
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD) 2014 8 01			
FINANCIAL AGENT'S LAST NAME MILLER		FIRST NAME JOHN	MIDDLE NAME SAMUEL
FINANCIAL AGENT MAILING ADDRESS PO. BOX 1245			PHONE NO. (604) 865-2188
CITY/TOWN SECHelt	POSTAL CODE V0N 1B0	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)	