## 4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT LOCAL ELECTIONS CANDIDATE



Amendment	#

CANDIDATE'S FULL NAME (A) A	GENERAL VOTING DAY (YYYY/MM/DD)
JOHN SAMUEL MILLER	2014 11 14
BALLOT NAME (IF DIFFERENT FROM ABOVE)	OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.)
	ADVISORY COULKINDS
MAILING ADDRESS	PHONE NO.
PORALIONS	(604) 885-2188
CITY/TOWN POSTAL CODE	EMAIL (IF AVAILABLE)
0 0	LIVINE (II AVAILABLE)
SECHELT B.C. VON SAO	
JURISDICTION	
SECHELT THOIAN BAND #2 (	FINDAMIYE (OAST)
ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELECTORAL AREA (IF APPLICABLE)	
,	
DALLOT MAKE OF ENDOPRING ELECTOR OPCANIZATION (IC ADDITION EL	
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
MILLER JOHN	Samuel
FINANCIAL AGENT'S MAILING ADDRESS	PHONE NO.
	(604) 885-2188
CITY/TOWN POSTAL CODE	EMAIL (IF AVAILABLE)
	EMAIL (IF AVAILABLE)
SECHELT B.C.   VOL 13AO	
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)  If there were previous financial	al agents, complete form 4236.
2014 8 01	
□	
Tick if candidate was registered as a third party sponsor  Tick if candidate a	acted as a campaign organizer
This disclosure statement includes the following forms:	
Declarations and Campaign Accounts - Form 4221 Summa	ry of Election Expenses - Form 4229
Deciarations and Gampaign Accounts 1 of the 1221	Type Liberton Lapenbee 1 Citi 1220
Statement of Income and Expenses - Form 4222 Transfers Given	to Elector Organization - Form 4230
	· · · · · · · · · · · · · · · · · · ·
Summary of Campaign Contributions by Class - Form 4223 Othe	r Permissible Payments - Form 4231
	7
Significant Contributors (\$100 or more) - Form 4224	hared Election Expense - Form 4232
· · · · · · · · · · · · · · · · · · ·	THE STATE OF THE S
Prohibited Campaign Contributions – Form 4225 Transfers Between Car	ndidate's Own Accounts - Form 4233
Transfers Received from Elector Organization - Form 4226 Disburs	ement of Surplus Funds - Form 4234
	· · · · · · · · · · · · · · · · · · ·
Other Permissible Deposits - Form 4227 Free Adve	ertising from Jurisdiction - Form 4235
	· ·
Fundraising Function Ticket Sales – Form 4228	evious Financial Agents - Form 4236
	<u> </u>

## 4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE		
JOHN SAMUEL MILLER		
Declaration:		
I, the undersigned, declare that to the best of my knowledge and belief, this disclosure statement completely and accurequired under the Local Elections Campaign Financing Act (LECFA).	ırately discloses the info	rmation
SIGNATURE OF CANDIDATE	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		
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



LINUS OF AND PAIRS		
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)	40.00	Α
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	В

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



NAME OF CANDIDATE	JOHN SAMUEL MILLER		
	Individuals Corporations	All Contributions	
	Unincorporated Business/Commercial Organizations  Trade Unions		-
	Non-profit Organizations Other Identifiable Contributors		
	Total Anonymous contributions	\$ 0,00	В
	Total contributions (A + B)	\$3 0.00	c
	Total significant contributions (must equal box A on all forms 4224)  Total contributions of less than \$100	\$ 0.00	
	Number of contributors who gave less than \$100	# /	
	Number of anonymous contributors	#	

### 4224 - SIGNIFICANT CONTRIBUTORS (\$100 OR MORE) LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE	JOHN SAMUEL	MULER		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
·				
			Augusta de canada de	
IF NEEDED, ATTACH A	ADDITIONAL FORMS			
* CLASS OF CONTRIB	UTOR: CORPORATION, 3 UNINCORPORATED BUSINESS/COI NON-PROFIT ORGANIZATION, 6 OTHER IDENTIFIAI	MMERCIAL ORGANIZATION CONT BLE CONTRIBUTOR	TOTAL RIBUTIONS	A (1) (CO)

#### **4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS** LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE  OH  NSTRUCTIONS: Complete one sl  Attach additiona	neet for each prohibi	ted campaign con	LEC tribution received.		PAGE
RECEIVED FROM  INDIVIDUAL ORGANIZATION	DATE RECEIVED (YYYY/MM/DD)	\$ VALUE	DATE RETURNED (YYYY/MM/DD)	OR	DATE REMITTED TO ELECTIONS BC (YYYY/MM/DD)
☐ ANONYMOUS					
Complete this field if the prohibit NAME OF INDIVIDUAL	ed campaign contrik	oution was receive	d from an individua	<b>!</b>	
Complete these fields if the proh			ived from an organi	zation:	
NAME OF ORGANIZATION	ibited campaign con		ived from all organi		CLASS*
MAILING ADDRESS					

<sup>\*</sup> CLASSES OF CONTRIBUTORS:

<sup>1 –</sup> 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**

NAME OF CANDIDATE			PAGE
	JOHN SAMUE	L Muce	OF
DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER
		·	
Also include legal name if c	lifferent than ballot name.	TOTAL	A\$ 0.00

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



LOCAL ELECTIONS CANDIDATE
PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE	q.	Tu 1 Samuel Marie A	PAGE
		JOHAL SAMUEL MILLER	OF
DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AMOUNT
·		·	
			16
*TYPE: I – Interest D – Dividends of shares pa	aid by credit	TOTAL	A \$ 0.00

O - Other (describe)

F - Fundraising income not reported as a campaign contribution

#### **4228 - FUNDRAISING FUNCTION TICKET SALES**

#### LOCAL ELECTIONS CANDIDATE







NAME OF CANDIDATE				PAGE
SOHA!	DAMUEL	MILLER		OF
DATE OF EVENT (YYYY/MM/DD) DESCRIPTIO	N OF FUNDRAISING EV	ENT		
	- Secretary and the second secretary and the second			
Income reported as campaign contributio	ns			Tick if
	Number of Tickets Sold	Charge per Ticket	Total Charges Collected	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 i	ncome reported as	campaign contribution	s	
Remember to report all campaign contrib and if applicable, on form 4224 - Significa			ıpaign Contributioı	ns by Class,
Other income not reported as campaign o	ontributions			
	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



	Column A	Column B
DVERTISING	Election Expenses	Election Proceedings Period Expenses
Brochures, pamphlets and flyers		
Internet		
Newspaper, magazine, journal		
Radio		
Signs and billboards		
Television		
Other advertising		
AMPAIGN 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	Anna Anna Anna Anna Anna Anna Anna Anna	
Other campaign related functions		
Research and polling		
Interest		
XCLUSIONS THAT MUST BE REPORTED		
Personal election expenses		
Interest on loans for election expenses		
Legal and accounting services		
Financial agent services		
ther expenses (describe)		
Total Expenses	\$0.00	B # 0.00
olumn A - Report the value of all election expenses for goods and services used in the campaign period.		

# 4230 - TRANSFERS GIVEN TO ELECTOR ORGANIZATION LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE			PAGE
	JOHN SAMUEL	MILER	OF
DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER
		1000	
<b>1888</b>			
			A \$ 0,00
'Also include legal name if o	different than ballot name.	TOTAL	A "O,OO

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





PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE	Province	SOHOL SAMUEL MILLER		OF
DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION		DUNT
		·		
			-#.	
*TYPE: B Bank fees E Intended election expe	ense that wa	TOTA us not used	A A	.00

F - Payments made for fundraising purposes

N - Nomination deposit

O - Other (describe)

#### **4232 - SHARED ELECTION EXPENSE**

#### LOCAL ELECTIONS CANDIDATE







NAME OF CANDIDATE	SAMUEL MILLER		PAGE OF		
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

901	W SAMUEL MILLER	OF
nsfers between candidate's	own campaign accounts in same jurisdiction	
	PURPOSE	AMOUNT
		40.00
As a second	· · · · · · · · · · · · · · · · · · ·	
	n campaign accounts in other jurisdictions	
DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)	AMOUNT
		70.00
	·	
		TOTAL A
		1911.1 <u>(1) (0,00</u>
DATE OF TRANSFER	eampaign accounts in other jurisdictions  PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)	AMOUNT
(YYYY/MM/DD)	TON OUR (MOREONE WANTE OF OTHER CONCESSION)	# 000
		0.00
	to the state of th	110/

## 4234 - DISBURSEMENT OF SURPLUS FUNDS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE	JOHN SAMUEL MILLER			
		#		
	Balance remaining in campaign account(s) after payment of all expenses	10.00	Α	
	Total amount of campaign contributions from candidate	\$0.00	В	
Amount reimbursed to ca	\$0.00	С		
	Date of reimbursement to candidate (YYYY/MM/DD)			
	Amount of remaining surplus funds (after any reimbursement under box C)			
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	ТИГОМА		

# 4235 - FREE ADVERTISING FROM JURISDICTION LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE  SOHO SAWUEL MILLER			
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



The Market				
NAME OF CANDIDATE TO HALL	SAMUEL	MILLER		
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DE 2014 8 01	<b>"</b>			
FINANCIAL AGENT'S LAST NAME	FIRST NAME		MIDDLE NAME	
MUER	SOHO		SAMUEL	
FINANCIAL AGENT MAILING ADDRESS	00111		PHONE NO.	
PO. BOX 1245			(604) 885-2188	
CITY/TOWN		POSTAL CODE	EMAIL (IF AVAILABLE)	
SECHELT	B.C.	VON 13AU		
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD	D)			
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/DI	))			
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)	
t			<u> </u>	