

4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

Amendment # _____

CANDIDATE'S FULL NAME JOHN SAMUEL MILLER		GENERAL VOTING DAY (YYYY/MM/DD) 2014 11 15
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 1B0	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 1B0	EMAIL (IF AVAILABLE)
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD) 2014 8 01	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 # _____

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)
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BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)
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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)
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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:

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|---|---|
| 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"/> |

SEE AMENDMENT

4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS
LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE <div style="font-size: 1.5em; font-family: cursive;">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 *Local Elections Campaign Financing Act* (LECFA).

SIGNATURE OF CANDIDATE <div style="font-size: 1.5em; font-family: cursive;">John Miller</div>	DATE: (YYYY/MM/DD) 2014 10 29
PRINTED NAME OF CANDIDATE JOHN SAMUEL MILLER	

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

4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS

LOCAL ELECTIONS CANDIDATE



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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 accurately discloses the information required under the *Local Elections Campaign Financing Act (LECFA)*.

SIGNATURE OF CANDIDATE <i>John Miller</i>	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 <i>/</i>
ADDRESS

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NAME OF SAVINGS INSTITUTION <i>/</i>
ADDRESS

SEE AMENDMENT

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"/>
--	--

INSTRUCTIONS: Complete one sheet for each prohibited campaign contribution received.
 Attach additional forms if necessary.

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

4227 - OTHER PERMISSIBLE DEPOSITS TO CAMPAIGN ACCOUNT

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE JOHN SAMUEL MILLER PAGE
 OF

DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AMOUNT

* 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)

TOTAL A \$ 0.00

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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Purchases by individuals of more than \$250 worth of tickets	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Purchases by individuals of tickets that are more than \$50 each	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

4229 - SUMMARY OF ELECTION EXPENSES

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE

JOHN SAMUEL MILLER

ADVERTISING

	Column A Election Expenses	Column B Election Proceedings Period Expenses
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

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.

4230 - TRANSFERS GIVEN TO ELECTOR ORGANIZATION

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE

JOHN SAMUEL MILLER

PAGE

OF

DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER

TOTAL A [#] 0.00

*Also include legal name if different than ballot name.

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

4232 - SHARED ELECTION EXPENSE

LOCAL ELECTIONS CANDIDATE

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SUBMIT A SEPARATE FORM FOR EACH SHARED ELECTION EXPENSE

NAME OF CANDIDATE PAGE <input style="width: 40px;" type="text"/> <div style="text-align: center; font-size: 1.2em; font-family: cursive;">JOHN SAMUEL MILLER</div>	OF <input style="width: 40px;" type="text"/>
DESCRIPTION OF SHARED EXPENSE <div style="text-align: center; font-size: 1.5em;">/</div>	
Total value of shared election expense	<input style="width: 100%; height: 20px;" type="text" value="/"/>
Candidate's portion of shared election expense*	<input style="width: 100%; height: 20px;" type="text" value="/"/>
Amount paid directly to supplier (if applicable)	<input style="width: 100%; height: 20px;" type="text" value="/"/>
Amount of reimbursements given to other candidate(s)	<input style="width: 100%; height: 20px;" type="text" value="/"/>
Amount of reimbursements received from other candidates	<input style="width: 100%; height: 20px;" type="text" value="/"/>

*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: 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) 885-2188	
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)	

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FINANCIAL AGENT MAILING ADDRESS		PHONE NO.	
CITY/TOWN	POSTAL CODE	EMAIL (IF AVAILABLE)	