

4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

Amendment # _____

| | | | |
|--|---|--|--|
| CANDIDATE'S FULL NAME MARK CHARLES SWAIN | | GENERAL VOTING DAY (YYYY/MM/DD) 2015/08/08 | |
| BALLOT NAME (IF DIFFERENT FROM ABOVE) MARK SWAIN | | OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) COUNCILLOR | |
| MAILING ADDRESS 6961 SEASIDE TERRACE | | PHONE NO. 250-714-9708 | |
| CITY / TOWN LANTZVILLE | POSTAL CODE V0R 2H0 | EMAIL (IF AVAILABLE) swainm@shaw.ca | |
| JURISDICTION LANTZVILLE | | | |
| 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 SWAIN | FIRST NAME MARK | MIDDLE NAME CHARLES | |
| FINANCIAL AGENT'S MAILING ADDRESS 6961 SEASIDE TERRACE | | PHONE NO. 250-714-9708 | |
| CITY / TOWN LANTZVILLE | POSTAL CODE V0R 2H0 | EMAIL (IF AVAILABLE) swainm@shaw.ca | |
| EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD) 2015/07/03 | If there were previous financial agents, complete form 4236. | | |
| <input checked="" type="checkbox"/> Tick if candidate acted as their own financial agent | | <input type="checkbox"/> Tick if candidate was registered as a third party sponsor | |
| 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 type="checkbox"/> | | |
| Summary of Campaign Contributions by Class – Form 4223 <input checked="" type="checkbox"/> | Other Permissible Payments – Form 4231 <input type="checkbox"/> | | |
| Significant Contributors (\$100 or more) – Form 4224 <input checked="" 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"/> | | |

This form is available for public inspection.
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The information on this form is collected under the authority of the Local Elections Campaign Financing Act and the Freedom of Information and Protection of Privacy Act. It will be used to administer campaign financing rules. If you have questions about the collection, use or disclosure of this information, contact the Elections BC Privacy Officer at 1-800-651-9683, electionsbc@elections.bc.ca or PO Box 9275 Stn Prov Govt Victoria, BC V8W 9J6.

4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

| |
|--|
| NAME OF CANDIDATE MARK CHARLES SWAIN |
|--|

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) 2015/10/10 |
| PRINTED NAME OF CANDIDATE MARK CHARLES SWAIN | |

| | |
|--|---|
| SIGNATURE OF FINANCIAL AGENT | DATE: (YYYY/MM/DD) 2015/10/10 |
| PRINTED NAME OF FINANCIAL AGENT MARK CHARLES SWAIN | |

Campaign accounts:

| |
|--|
| NAME OF SAVINGS INSTITUTION RBC ROYAL BANK |
| ADDRESS 6631 NORTH ISLAND HIGHWAY, NANAIMO |

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| NAME OF SAVINGS INSTITUTION |
| ADDRESS |

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| NAME OF SAVINGS INSTITUTION |
| ADDRESS |

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| NAME OF SAVINGS INSTITUTION |
| ADDRESS |

4222 - STATEMENT OF INCOME AND EXPENSES

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE

MARK CHARLES SWAIN

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



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

MARK CHARLES SWAIN

All Contributions

| | |
|--|-------------|
| Individuals | 800.00 |
| Corporations | |
| Unincorporated Business/Commercial Organizations | |
| Trade Unions | |
| Non-profit Organizations | |
| Other Identifiable Contributors | |
| Total | \$ 800.00 A |

Anonymous contributions \$ 0.00 B

Total contributions (A + B) \$ 800.00 C

Total significant contributions (must equal box A on all forms 4224) \$ 800.00

Total contributions of less than \$100 \$ 0.00

Number of contributors who gave less than \$100 # 0

Number of anonymous contributors # 0

4224 - SIGNIFICANT CONTRIBUTORS (\$100 OR MORE)

LOCAL ELECTIONS CANDIDATE



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| | |
|--|--|
| NAME OF CANDIDATE <p style="text-align:center">MARK CHARLES SWAIN</p> | PAGE <input type="text" value="1"/> OF <input type="text" value="1"/> |
|--|--|

| 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 |
|-----------------------------------|--|--|--------|-----------------------|
| 2015/08/10 | MARK SWAIN | | 1 | 800.00 |
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| IF NEEDED, ATTACH ADDITIONAL FORMS *CLASS OF CONTRIBUTOR: 1 - INDIVIDUAL, 2 - CORPORATION, 3 - UNINCORPORATED BUSINESS/COMMERCIAL ORGANIZATION 4 - TRADE UNION, 5 - NON-PROFIT ORGANIZATION, 6 - OTHER IDENTIFIABLE CONTRIBUTOR | TOTAL CONTRIBUTIONS | A | 800.00 |
|--|---------------------|---|--------|

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Questions? Contact: Privacy Officer, Elections BC
1-800-661-8683 P.O. Box 9275 Stn Prov Govt, Victoria BC V8W 9J6

4229 - SUMMARY OF ELECTION EXPENSES
LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE

MARK CHARLES SWAIN

| | Column A Election Expenses | Column B Election Proceedings Period Expenses |
|---|-------------------------------|--|
| ADVERTISING | | |
| Brochures, pamphlets and flyers | 418.69 | 418.69 |
| Internet | | |
| Newspaper, magazine, journal | | |
| Radio | | |
| Signs and billboards | 302.07 | 302.07 |
| Television | | |
| Other advertising | | |
| CAMPAIGN ADMINISTRATION | | |
| Salaries and wages | | |
| Rent, insurance and utilities | | |
| Courier and postage | | |
| Furniture and equipment | | |
| Office supplies | 72.21 | 72.21 |
| 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 792.97 B 792.97

Column A - Report the value of all election expenses for goods and services used in the campaign period.

Column B - Report the value of all election expenses for goods and services used in the election proceedings period.

4234 - DISBURSEMENT OF SURPLUS FUNDS
LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE **MARK CHARLES SWAIN**

Balance remaining in campaign account(s) after payment of all expenses **792.97** **A**

Total amount of campaign contributions from candidate **800.00** **B**

Amount reimbursed to candidate from campaign account for the candidate's contributions to their campaign **7.03** **C**

Date of reimbursement to candidate (YYYY/MM/DD) **2015/10/10**

Amount of remaining surplus funds (after any reimbursement under box C) **0.00** **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 |
|-------------------|-------------------------|--------|
| 2015/10/10 | Reimbursed to candidate | 7.03 |
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