

4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

Amendment # _____

CANDIDATE'S FULL NAME BARBARA ELEANOR SMITH		GENERAL VOTING DAY (YYYY/MM/DD) 2015/03/07
BALLOT NAME (IF DIFFERENT FROM ABOVE) BARB SMITH		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) COUNCILLOR
MAILING ADDRESS PO BOX 475		PHONE NO. 250-786-7911
CITY / TOWN Pouce Coupe	POSTAL CODE V0C 2C0	EMAIL (IF AVAILABLE) poucecoupe1@shaw.ca

JURISDICTION
VILLAGE OF POUCE COUPE

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 SELF	FIRST NAME	MIDDLE NAME
FINANCIAL AGENT'S MAILING ADDRESS		PHONE NO.
CITY / TOWN	POSTAL CODE	EMAIL (IF AVAILABLE)
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)	If there were previous financial agents, complete form 4236.	

Tick if candidate acted as their own financial agent 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 4226 <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 4236 <input checked="" 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.
ORIGINAL - ELECTIONS BC
PLEASE KEEP A COPY FOR YOUR RECORDS

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 1-800-661-0883, electionsbc@elections.bc.ca or PO Box 9278 Dun Prox Dr Victoria, BC V8W 0A5.

4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE BARBARA ELEANOR SMITH

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>B. Smith</i>	DATE: (YYYY/MM/DD) <i>2015/03/17</i>
---	---

PRINTED NAME OF CANDIDATE BARBARA ELEANOR SMITH

SIGNATURE OF FINANCIAL AGENT <i>B. Smith</i>	DATE: (YYYY/MM/DD)
---	--------------------

PRINTED NAME OF FINANCIAL AGENT <i>Barbara Smith</i>

Campaign accounts:

NAME OF SAVINGS INSTITUTION SCOTIA BANK
ADDRESS 10204 10th STREET DAWSON CREEK BC V1G 3T4

NAME OF SAVINGS INSTITUTION
ADDRESS

NAME OF SAVINGS INSTITUTION
ADDRESS

NAME OF SAVINGS INSTITUTION
ADDRESS

4222 - STATEMENT OF INCOME AND EXPENSES
LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE BARBARA ELEANOR SMITH	
Total value of campaign contributions from all sources (from box C on form 4223)	215.00
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)	215.00 A
Election expenses (from box A on form 4229)	168.95
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)	46.05
Total Expenditures (sum of above boxes)	215.00 B

4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS
LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE BARBARA ELEANOR SMITH	
	All Contributions
Individuals	50.00
Corporations	165.00
Unincorporated Business/Commercial Organizations	
Trade Unions	
Non-profit Organizations	
Other Identifiable Contributors	
Total	\$ 215.00 A
Anonymous contributions	\$ B
Total contributions (A + B)	\$ 215.00 C
Total significant contributions (must equal box A on all forms 4224)	\$ 215.00
Total contributions of less than \$100	\$
Number of contributors who gave less than \$100	# 1
Number of anonymous contributors	#

4224 - SIGNIFICANT CONTRIBUTORS (\$100 OR MORE)

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE
BARBARA ELEANOR SMITH

PAGE 1
OF 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
2015/02/15	A & D Office Services Ltd	Unit 1, 10200-8th Street DAWSON CREEK BC V1G 3P8	2	165.00

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	165.00
---	---------------------	---	--------

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 1-800-661-8003 PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6

4229 - SUMMARY OF ELECTION EXPENSES
LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE BARBARA ELEANOR SMITH		
	Column A	Column B
	Election Expenses	Election Proceedings Period Expenses
ADVERTISING		
Brochures, pamphlets and flyers	13.80	
Internet		
Newspaper, magazine, journal		
Radio		
Signs and billboards	151.20	
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	3.95	
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	46.05	
Financial agent services		
Other expenses (describe)		
Total Expenses	A 215.00	B

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.

This form is available for public inspection.
 ORIGINAL -- ELECTIONS BC
 PLEASE KEEP A COPY FOR YOUR RECORDS

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 1-800-661-9263, electionsbc@elections.bc.ca or P.O. Box 9275 Stn Prov Govt Victoria, BC V8W 9Z8.

4234 - DISBURSEMENT OF SURPLUS FUNDS
LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE		
BARBARA ELEANOR SMITH		
Balance remaining in campaign account(s) after payment of all expenses	46.05 A	
Total amount of campaign contributions from candidate	B	
Amount reimbursed to candidate from campaign account for the candidate's contributions to their campaign	C	
Date of reimbursement to candidate (YYYY/MM/DD)		
Amount of remaining surplus funds (after any reimbursement under box C)	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
2015/03/17	A & D Office Services: Campaign Financing Financial Disclosure Statement	46.05

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
 1-800-661-8083 PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6

4235 - FREE ADVERTISING FROM JURISDICTION
LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE
BARBARA ELEANOR SMITH

Free advertising provided by jurisdiction

Table with 3 columns: DATE ADVERTISING WAS TRANSMITTED (YYYY/MM/DD), JURISDICTION, MEANS OF TRANSMISSION (WEBSITE, FLYER, ETC.).

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 9Z8