#### 4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

Amendment #

CANDIDATE'S FULL NAME  BALLOT NAME (IEDIFFERENT FROM ABOVE)  CANDIDATE'S FULL NAME  BALLOT NAME (IEDIFFERENT FROM ABOVE)	anaa	,	GENERAL VOTING DAY (YYYY/MM/DD)  20/5/05/09  OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.)  Advisor4 Ouncillor
MAILING ADDRESS  4439 Stalashen  CITY TOWN  CITY TOWN  CHELT, B.C.	Da.	POSTAL CODE VON 3A1	PHONE NO. 604.885-06(0  EMAIL (IF AVAILUABLE)  Maxoy Delus. Net
ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELECTOR BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF	-ndian FAPPLICABLE)	ment 7 Governme	District nt District
	T 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 financia	al agents, complete form 4236.
Tick if candidate acted as their own financial ago	ent	Tick if candidate w	ras registered as a third party sponsor
This disclosure statement includes the following form	ıs:		
Declarations and Campaign Accounts - Fo	orm 4221 🗾	Summar	y of Election Expenses - Form 4229
Statement of Income and Expenses - Fo	orm 4222 🗹	Transfers Given	to Elector Organization – Form 4230
Summary of Campaign Contributions by Class - Fo	orm 4223 🕡	Other	Permissible Payments - Form 4231
Significant Contributors (\$100 or more) - Fo	orm 4224 🗹	Sh	ared Election Expense – Form 4232
Prohibited Campaign Contributions – Fo	orm 4225 🕡	Transfers Between Can	didate's Own Accounts - Form 4233
Transfers Received from Elector Organization - Fo	orm 4226 🕡	Disburse	ment of Surplus Funds - Form 4234
Other Permissible Deposits - Fo	orm 4227 🚺	Free Adve	rtising from Jurisdiction - Form 4235
Fundraising Function Ticket Sales - Fo	orm 4228 1	Pre	vious Financial Agents - Form 4236

### 4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE Adele Koyanaa	
	<b>)</b>
Declaration:	
the undersigned, declare that to the best of my knowledge and belief, this disc equired under the Local Elections Campaign Financing Act (LECFA).	losure statement completely and accurately discloses the information
SIGNATURE OF CANDIDATE	DATE: (YYYY/MM/DD)
A. Koy a nod i	2015/06/20
RINTED NAME OF CANDIDATE KOYANAQI	
SIGNATURE OF FINANCIAL AGENT	DATE: (YYYY/MM/DD)
PRINTED NAME OF FINANCIAL AGENT	
NAME OF SAVINGS INSTITUTION	。 《四·公司·马克·克克·马克·马克·马克·马克·马克·马克·马克·马克·马克·马克·马克·
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



NAME OF CANDIDATE Adele Koyanagi-no inco	me or expenses
Total value of campaign contributions from all sources (from box <b>C</b> on form <b>4223</b> )	
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>B</b> on form <b>4233</b> )	
Amount of surplus funds disbursed (from box <b>A</b> on form <b>4234</b> )	
Total Expenditures (sum of above boxes)	В

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



NAME OF CANDIDATE M. Adele Koyanasi - non	e	
	All Contributions	
Individuals		
Corporations		
Unincorporated Business/Commercial Organizations		
Trade Unions		_
Non-profit Organizations		
Other Identifiable Contributors		
Total	\$	Α
Anonymous contributions	\$	В
Total contributions (A + B)	\$	С
Total significant contributions (must equal box A on all forms 4224)	\$	
Total contributions of less than \$100	\$	
Number of contributors who gave less than \$100	#	
Number of anonymous contributors	#	

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



NAME OF CANDIDATE	Adele Koga	nagi - none		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
IF NEEDED, ATTACH ADD * CLASS OF CONTRIBUTO 1 - INDIVIDUAL, 2 - COR 4 - TRADE LINION 5 - No	ITIONAL FORMS  DR: PORATION, 3 – UNINCORPORATED BUSINESS/CO ON-PROFIT ORGANIZATION, 6 – OTHER IDENTIFIA	DMMERCIAL ORGANIZATION CONTRI	TOTAL BUTIONS	A

### 4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS LOCAL ELECTIONS CANDIDATE



M. Haele	· Koya	magi-	-not ap	plicab	PAGE OF
NSTRUCTIONS: Complete one sl		ted campaign con	그리는 사람이 가는 바로 살아가 되는 것이다.		
RECEIVED FROM	DATE RECEIVED	\$ VALUE	DATE RETURNED	OR	DATE REMITTED TO ELECTIONS BC
☐ INDIVIDUAL ☐ ORGANIZATION ☐ ANONYMOUS	(YYYY/MM/DD)		(YYYY/MM/DD)		(YYYY/MM/DD)
DESCRIPTION OF HOW THE PROHIBITED CO	ONTRIBUTION WAS RECEIV	ED			
Complete this field if the prohibit	ed campaign contrib	ution was received	d from an individual		
Complete these fields if the prohi	ibited campaign con	ribution was recei	ved from an organi	zation:	
	ibited campaign con	tribution was recei	ved from an organi:		LASS*
Complete these fields if the prohi NAME OF ORGANIZATION MAILING ADDRESS	ibited campaign con	tribution was recei	ved from an organi:		LASS*

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

<sup>1 -</sup> INDIVIDUAL, 2 - CORPORATION, 3 - UNINCORPORATED BUSINESS/COMMERCIAL ORGANIZATION,

<sup>4 -</sup> TRADE UNION, 5 - NON-PROFIT ORGANIZATION, 6 - OTHER

# 4226 - TRANSFERS RECEIVED FROM ELECTOR ORGANIZATION

#### **LOCAL ELECTIONS CANDIDATE**



NAME OF CANDIDATE	N 1 1.	•		PAGE
<u> </u>	Adele Koyana	gi-none		OF
DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VAI TRA	LUE OF ANSFER
				-
				0.41400
			-	
*Also include legal name if o	different than ballot name.	TOTAL	A	

# 4227 - OTHER PERMISSIBLE DEPOSITS TO CAMPAIGN ACCOUNT LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE	. A	dele Koyanagi-none		PAGE OF
DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AN	MOUNT
		•		
* TYPE: I – Interest	id by avadit	TOTAL	A	

O - Other (describe)

 ${\bf S}$  – Surplus funds from previous election returned by jurisdiction  ${\bf F}$  – Fundraising income not reported as a campaign contribution

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

#### LOCAL ELECTIONS CANDIDATE



SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD

ه).(ه	<b>ELECTIONS</b> A non-partisan Office of the Leg	
	A non-partisan Office of the Leg	jislature

DATE OF EVENT (YYYY/MM/DD)  DESCRIPTION	184a Na on of Fundraising eve		tundrais	PAGE OF
Income reported as campaign contribution	Number of Tickets Sold	Charge per Ticket	Total Charges Collected	Tick if 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	income reported as	campaign contribution	s	
Remember to report all campaign contrib and if applicable, on form 4224 - Significa			paign Contribution	ns by Class,
Other income not reported as campaign o	contributions  Number of Tickets Sold	Charge per Ticket	Total Charges Collected	Tick if Charge per Ticket Varies

#### 4229 - SUMMARY OF ELECTION EXPENSES LOCAL ELECTIONS CANDIDATE



NAME OF CAMPIDATE Adele Koyanagi-	no election	expenses
	Column A	Column B
	Election	Election Proceedings
ADVERTISING	Expenses	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	Name of the second seco	
Personal election expenses		
Interest on loans for election expenses		
Legal and accounting services		
Financial agent services		
Other expenses (describe)		Haller (1915) Albeit (1916)
Total Expenses	А	В
Column A. Donort the value of all starting average (		
Column A - Report the value of all election expenses for goods and services used in the campaign per		
Column B - Report the value of all election expenses for goods and services used in the election proce	eedings period.	

### 4230 - TRANSFERS GIVEN TO ELECTOR ORGANIZATION LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE		, , , , , , , , , ( )	PAGE
Ιν(,	Adele Koyanaa	i- not applicable	OF
DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER
	·		
	·		
'Also include legal name if o	different than ballot name.	TOTAL	A

# 4231 - OTHER PERMISSIBLE PAYMENTS FROM CAMPAIGN ACCOUNT LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE	Ad	lele Koyanagi- none not a	page page of
DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AMOUNT
TYPE: B - Bank fees F - Intended election expe	ence that we	TOTAL s not used	Α

PLEASE KEEP A COPY FOR YOUR RECORDS

### 4232 - SHARED ELECTION EXPENSE LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

SUBMIT A SEPARATE FORM FOR EACH SHARED ELECTION EXPENSE

NAME OF CANDIDATE, Adele	Koyanagi- not	applicable 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 port Election Expenses. Full names of other candidates with w	ion of the shared expense as an election the expense was shared:	n expense on form 4229 - Summary of			
LAST NAME	FIRST NAME	MIDDLE NAME			
	·				

# 4233 - TRANSFERS BETWEEN CANDIDATE'S OWN CAMPAIGN ACCOUNTS



#### **LOCAL ELECTIONS CANDIDATE**

orors potmoon oundidate t	s own campaign accounts in same jurisdiction		
	PURPOSE		AMOUNT
	And the state of t		
sfers from candidate's ow	n campaign accounts in other jurisdictions		
ATE OF TRANSFER	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)		AMOUNT
(YYYY/MM/DD)			
		TOTAL	
		TOTAL	Α
sfers to candidate's own	campaign accounts in other jurisdictions		
OATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)		AMOUNT

#### 4234 - DISBURSEMENT OF SURPLUS FUNDS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE	Adele Koyanaai	
There	Adele Koyanagi were no campaingn funds.	
	Balance remaining in campaign account(s) after payment of all expenses	A
	Total amount of campaign contributions from candidate	В
Amount reimbursed to	candidate from campaign account for the candidate's contributions to their campaign	С
	Date of reimbursement to candidate (YYYY/MM/DD)	
	Amount of remaining surplus funds (after any reimbursement under box <b>C</b> )	D
If the amount in Bo	ox 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 Bo	x D is less than \$500 provide details of how it was disbursed.	
DATE (YYYY/MM/DD)	DESCRIPTION	AMOUNT

# 4235 - FREE ADVERTISING FROM JURISDICTION LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE	Koyanagi	
DATE ADVERTISING WAS TRANSMITTED (YYYY/MM/DD)	JURISDICTION	tree advertising was provided  MEANS OF TRANSMISSION (WEBSITE, FLYER, ETC.)

### 4236 - PREVIOUS FINANCIAL AGENTS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE  M. Adele K	oyanagi-	- Noprei	rous financial agent
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)
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)			
FINANCIAL AGENT'S LAST NAME	FIRST NAME		MIDDLE NAME
FINANCIAL AGENT MAILING ADDRESS		* 9	PHONE NO.
CITY/TOWN		POSTAL CODE	EMAIL (IF AVAILABLE)