## 4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT LOCAL ELECTIONS CANDIDATE



, LEAGE FRINT IN BEGO	( LL ) ILIO			Amendment #	<del>.</del>
CANDIDATE'S FULL NAME				GENERAL VOTING DAY (YYYY/MM/DD)	
SARRAH ANNE STOREY				2015/11/28	
BALLOT NAME (IF DIFFERENT FROM ABOVE)		-		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC	).)
SARRAH STORLY				Councillor.	
MAILING ADDRESS				PHONE NO.	
170 Box 493		•		2506990032	
CITY / TOWN		POSTAL CODE		EMAIL (IF AVAILABLE)	
TRASER LAKE		1 DOV	150	Isstoreu (a) krasor la	Kooca
JURISDICTION					
VILLAGE OF FRASERI	AKE				
ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELECTOR	AL AREA (IF APPLIC	CABLE)			
VILLAGE OF FRASER	7				
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF	APPLICABLE)				
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF A	APPLICABLE)				
NIA	a r Elonbee				
FINANCIAL AGENT'S LAST NAME FIRST	NAME			MIDDLE NAME	
	BRRAH .			ANNE	
FINANCIAL AGENT'S MAILING ADDRESS	KKHII!			PHONE NO.	
PO ROX 493	•			250-699-0032	
CITY/TOWN		POSTAL CODE		EMAIL (IF AVAILABLE)	
FRASGR LAKE		VOJ	K	Sestoroura Irasev In	va H
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)			بحر		<b>W</b> , L
	If there	were previo	us financia	al agents, complete form 4236.	
Tick if candidate acted as their own financial age	nt	Tick if o	andidate w	as registered as a third party sponsor	
This disclosure statement includes the following forms	3;				
Declarations and Campaign Accounts - Fo	rm 4221 🔲		Summar	y of Election Expenses - Form 4229	
Statement of Income and Expenses - Fo	rm 4222	Trans	fers Given	to Elector Organization - Form 4230	
Summary of Campaign Contributions by Class - Fo	rm 4223		Other	Permissible Payments - Form 4231	
Significant Contributors (\$100 or more) - Fo	rm 4224 🔃		Sh	nared Election Expense - Form 4232	
Prohibited Campaign Contributions - Fo	rm 4225	Transfers Be	tween Can	didate's Own Accounts - Form 4233	
Transfers Received from Elector Organization - Fo	rm 4226		Disburse	ment of Surplus Funds - Form 4234	
Other Permissible Deposits - Fo	rm 4227		Free Adve	rtising from Jurisdiction - Form 4235	
Fundraising Function Ticket Sales — Fo	rm 4228		Pre	evious Financial Agents – Form 4236	

## 4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE	
SARRAH STORKY	
Declaration:	
I, the undersigned, declare that to the best of my knowledge and belief, this disclosure sta	atement completely and accurately discloses the information
required under the Local Elections Campaign Financing Act (LECFA).	
SIGNATURE OF CANDIDATE / /	DATE: (YYYY/MM/DD)
Muntall	2016/01/20
PRINTED NAME OF CANODATE	
L SARRICH STORLY	
SIGNATURE OF FINANCIAL AGENT	DATE: (YYYY/MM/DD)
PRINTED NAME OF MANCIAL AGENT	2016/01/20
Shoon to Stabe (1	
LOHKRAM SIONGY	
Campaign accounts:	
NAME OF SAVINGS INSTITUTION	MANUAL OF THE SECTION
CTR	
ADDRESS	-
111 CHOWSUNKET RD. FRASER	LAKE B.C. VOJ 150
NAME OF SAVINGS INSTITUTION	The part of the second
ADDRESS	
NAME OF SAVINGS INSTITUTION	A Vertical Control of the Control of
ADDRESS	
NAME OF SAVINGS INSTITUTION	
	-
ADDRESS	

## 4222 - STATEMENT OF INCOME AND EXPENSES LOCAL ELECTIONS CANDIDATE



Total value of campaign contributions from all sources (from box C on form 4223)	
Transfers received from elector organization (from box <b>A</b> on form <b>4226</b> )	
Total other permissible deposits (from box A on form 4227)	
rs from candidate's own accounts in other jurisdictions (from box A on form 4233)	
Total Income (sum of above boxes)	
Floation surpassed (from how A on form 4220)	
Transfers to elector organization (from box A on form 4230)	
Transfers to elector organization (from box A on form 4230)	
Transfers to elector organization (from box <b>A</b> on form <b>4230</b> )  Total other permissible payments (from box <b>A</b> on form <b>4231</b> )	

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



NAME OF CANDIDATE		
	All Contributions	_
Individuals	Ø	
Corporations	igotimes	
Unincorporated Business/Commercial Organizations	(X)	
Trade Unions	$\bigcirc$	
Non-profit Organizations	\$	
Other Identifiable Contributors	Ø	
Total	\$ 5	Α
Anonymous contributions	\$ <	В
· · · · · · · · · · · · · · · · · · ·	9	
Total contributions (A + B)	\$ 8	С
Total significant contributions (must equal box A on all forms 4224)	\$	
Total contributions of less than \$100	\$ 4	
Number of contributors who gave less than \$100	# 0	
Number of anonymous contributors	#	

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



NAME OF CANDIDATE				PAGE
SARRA!	H STORLY			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
2040 D				Ø
' /				
				100000
IF NEEDED, ATTACH A * CLASS OF CONTRIB! 1 - INDIVIDUAL, 2 - C	UDDITIONAL FORMS UTOR: CORPORATION, 3 — UNINCORPORATED BUSINESS/COI — NON-PROFIT ORGANIZATION, 6 — OTHER IDENTIFIA	MMERCIAL ORGANIZATION CON	TOTAL TRIBUTIONS	A NIA

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



#### PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE  SARRAH S	STOREY				PAGE OF
NSTRUCTIONS: Complete one s Attach additiona	heet for each prohibi Il forms if necessary		tribution received.		
					18, 5, 744.
RECEIVED FROM	DATE RECEIVED (YYYY/MM/DD)	\$ VALUE	DATE RETURNED (YYYY/MM/DD)	OR	DATE REMITTED TO ELECTIONS BC (YYYY/MM/DD)
☐ INDIVIDUAL ☐ ORGANIZATION ☐ ANONYMOUS	(**************************************		(1111/MM/200)		(TTTTMMTDD)
DESCRIPTION OF HOW THE PROHIBITED CO	ONTRIBUTION WAS RECEIV	ŒD.			
Complete this field if the prohibit	ed campaign contrib	oution was receive	d from an individua		
NAME OF INDIVIDUAL	·				
Complete these fields if the proh	ibited campaign con	tribution was rece	ived from an organi	zation:	
NAME OF ORGANIZATION				CL	ASS*
MAILING ADDRESS					
NAME OF DIRECTOR		NAME OF DIRE	ECTOR		
·					

#### \* 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 PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE			PAGE
SAR	PRH STOREY		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

## 4227 - OTHER PERMISSIBLE DEPOSITS TO CAMPAIGN ACCOUNT



LOCAL ELECTIONS CANDIDATE
PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE				PAGE
SARR	HA	STORKY		OF
DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AW	IOUNT
*TYPE: I – Interest D – Dividends of shares pa S – Surplus funds from pre	aid by credit	TOTAL union	A (	$\varnothing$

O - Other (describe)

F – Fundraising income not reported as a campaign contribution

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

#### LOCAL ELECTIONS CANDIDATE







				PAGE
SARRAH STORKY				OF _
DATE OF EVENT (YYYY/MM/DD) DESCRIPTION	ON OF FUNDRAISING EVI	ENT		
NIA				
Income reported as campaign contribution	ns			
	,,,, <u>,</u>			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			· .	
that are more than \$50 each	income reported as	campaign contribution	ns	
that are more than \$50 each	income reported as	campaign contribution	ns	
that are more than \$50 each	outions on form 42 ant Contributors (\$	23 - Summary of Car	[	ns by Class,  Tick if Charge per Ticket Varies

## 4229 - SUMMARY OF ELECTION EXPENSES LOCAL ELECTIONS CANDIDATE



	Column A	Column B
ADVERTISING	Election Expenses	Election Proceedings Period Expenses
Brochures, pamphlets and flyers		
Internet		
Newspaper, magazine, journal		
Radio		
Signs and billboards		
Television		
Other advertising		
CAMPAIGN ADMINISTRATION	100	
Salaries and wages		
Rent, insurance and utilities		
Courier and postage	* 1171	
Furniture and equipment		
Office supplies		
Professional services		
Other campaign administration expenses		
Conventions and meetings		
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)		
		1
Total Expenses A		B
	<u> </u>	

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



NAME OF CANDIDATE			PAGE
Saver	AH STORLY		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			PAGE
SARRAI	45	TREY	OF
DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AMOUNT
·			
*TYPE: B Bank fees E Intended election expe F Payments made for fur	nse that wa	TOTAL is not used	A Ø

N – Nomination depositO – Other (describe)

## **4232 - SHARED ELECTION EXPENSE**

#### LOCAL ELECTIONS CANDIDATE







NAME OF CANDIDATE SARRAH STOREY		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:    AST NAME   FIRST NAME   MIDDLE NAME				
LAST NAME	FIRST NAME	IIIDDEE IYAMA		
	•			

# 4233 - TRANSFERS BETWEEN CANDIDATE'S OWN CAMPAIGN ACCOUNTS LOCAL ELECTIONS CANDIDATE



sfers between candidate's	s own campaign accounts in same jurisdiction		
	PURPOSE		AMOUNT
, talent			
			Ø
sfers from candidate's ow	n campaign accounts in other jurisdictions		
OATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)		AMOUNT
(****/WINN/DD)			
		TOTAL	A (%)
	campaign accounts in other jurisdictions	L	T -
OATE OF TRANSFER	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)		AMOUNT
(YYYY/MM/DD)	· · · · · · · · · · · · · · · · · · ·		
			***************************************

## 4234 - DISBURSEMENT OF SURPLUS FUNDS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE			
SARRAH	STORFY		
	F		
	Balance remaining in campaign account(s) after payment of all expenses	$\mathscr{A}$	Α
	Total amount of campaign contributions from candidate	Þ	В
Amount reimbursed to ca	andidate from campaign account for the candidate's contributions to their campaign	$\phi$	С
	Date of reimbursement to candidate (YYYY/MM/DD)	Ø	
	Amount of remaining surplus funds (after any reimbursement under box <b>C</b> )	\$	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 I	D is less than \$500 provide details of how it was disbursed.		
DATE (YYYY/MM/DD)	DESCRIPTION	AMOUNT	-
		1.00000	
		<i>(</i> )	

## 4235 - FREE ADVERTISING FROM JURISDICTION LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE					
SARRAH	STOREY				
Free advertising provided by jurisdiction					
DATE ADVERTISING WAS TRANSMITTED (YYYY/MM/DD)	JURISDICTION	MEANS OF TRANSMISSION (WEBSITE, FLYER, ETC.)			
Notsure		I BELIVE THE ONLINECA EXPRESS IN VANDERHOOF MAY HAVE PRINTED			
		AN ARTICLE ON ALL CANDIDATES I DED NOT SEE IT.			

## 4236 - PREVIOUS FINANCIAL AGENTS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE			
SARRAH STORBY			
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DB)			
2015/	1	114	
FINANCIAL AGENT'S LAST NAME	FIRST NAME	7	MIDDLE NAME
STORCY FINANCIAL AGENT MAILING ADDRESS	SARRAIA		ANNE
	,		PHONE NO.
PO BOX 493		POSTAL CODE	950 (990032 EMAIL (IF AVAILABLE)
FRASCRUAKE		100T HSV	sstorey@lyaserlak
			1 Sicregia Plan
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)
CITT/ TOYVIN		FOSTAL CODE	CIVIAIL (IF AVAILABLE)
		<del></del>	. L