4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

Amendment #

CANDIDATE'S FULL NAME	GENERAL VOTING DAY (YYYY/MM/DD)
Alisha Dawn Atkinson	2015/12/12
BALLOT NAME (IF DIFFERENT FROM ABOVE)	OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.)
N/A	School Trustee
MAILING ADDRESS	PHONE NO.
10137 Beaver Crescent	604-798-7341
CITY/TOWN	POSTAL CODE EMAIL (IF AVAILABLE)
Chilliwack	VZP 7X4 aatic in son 141 Dgmal.gon
JURISDICTION	
Chilliwack	<u> </u>
ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELECTORAL AREA (IF APPLIC	ABLE)
5033 (CHC)	
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)	
NIA	
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)	
N/A	
FINANCIAL AGENT'S LAST NAME FIRST NAME	MIDDLE NAME
Atkinson Alisha	Dawn
FINANCIAL AGENT'S MAILING ADDRESS	PHONE NO.
10139 Beaver crescent	604-798-7341
CITY/TOWN	POSTAL CODE EMAIL (IF AVAILABLE)
Chilliwack	UZP 7xul aatkinsonkuagmailom
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)	
2015/11/03	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:	,
This disclosure statement includes the following forms.	
Declarations and Campaign Accounts — Form 4221	Summary of Election Expenses – Form 4229
Statement of Income and Expenses - Form 4222	Transfers Given to Elector Organization - Form 4230
Summary of Campaign Contributions by Class - Form 4223	Other Permissible Payments — Form 4231
Significant Contributors (\$100 or more) - Form 4224	Shared Election Expense - Form 4232
Prohibited Campaign Contributions – Form 4225	Transfers Between Candidate's Own Accounts - Form 4233
Transfers Received from Elector Organization - Form 4226	Disbursement of Surplus Funds - Form 4234
Other Permissible Deposits - Form 4227	Free Advertising from Jurisdiction - Form 4235
Eundraining Eunation Tidust Salas - Earm 4000 -	Provious Financial Accests Form 4236
Fundraising Function Ticket Sales - Form 4228	Previous Financial Agents — Form 4236

4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE	
Alisha Atkinson	
Declaration:	supertally displaces the information
I, the undersigned, declare that to the best of my knowledge and belief, this disclosure statement completely and a required under the Local Elections Campaign Financing Act (LECFA).	audien discusses the information
SIGNATURE OF CANDIDATE	DATE: (YYYY/MM/DD)
alch alde	2016/02/10
PRINTED NAME OF CANDIDATE	
Alisha Atkinson	
SIGNATURE OF ETNANCIAL AGENT	DATE: (YYYY/MM/DD) 2016/02/10
1261-11	2016/02/10
PRINTED NAME OF FINANCIAL AGENT ALIGNO ATKINS CO	
L Alieha Atkinson	
Campaign accounts:	
NAME OF SAVINGS INSTITUTION	
J/A	
ADDRESS	
N/A	
NAME OF SAVINGS INSTITUTION	
N/A	A THE STATE OF THE
ADDRESS	
N/A	
NAME OF SAVINGS INSTITUTION	
N/A	
ADDRESS	
N/A	
NAME OF SAVINGS INSTITUTION	
N/A	
ADDRESS	
N/A	

4222 - STATEMENT OF INCOME AND EXPENSES LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE ALISHA Atkinson		
Total value of campaign contributions from all sources (from box C on form 4223)	\bigcirc	
Transfers received from elector organization (from box A on form 4226)	0	
Total other permissible deposits (from box A on form 4227)	0	
Transfers from candidate's own accounts in other jurisdictions (from box A on form 4233)		
Total Income (sum of above boxes)	0	A
		
Election expenses (from box A on form 4229)		
Transfers to elector organization (from box A on form 4230)	0	
Total other permissible payments (from box A on form 4231)	0	
Transfers to candidate's own accounts in other jurisdictions (from box B on form 4233)	0	
Amount of surplus funds disbursed (from box A on form 4234)	0	
Total Expenditures (sum of above boxes)		В

4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE		
Alisha Atkinson	•	
	All Contributions	
Individuals	\bigcirc	
Corporations	0	
Unincorporated Business/Commercial Organizations	\bigcirc	
Trade Unions	0	
Non-profit Organizations	0	
Other Identifiable Contributors	0	
Total	\$ ()	Α
Anonymous contributions	\$ 0	В
The transfer of the transfer o	\$	С
Total contributions (A + B)		
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	# 🔘	
	. ()	7
Number of anonymous contributors	# ()	

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



NAME OF CANDIDATE	Alisha Atkinson			PAGE /
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
·				
			,	
I NEEDED, ATTACH ADDIT CLASS OF CONTRIBUTOR 1 – INDIVIDUAL, 2 – CORP	TIONAL FORMS R: ORATION, 3 – UNINCORPORATED BUSINESS/CO N-PROFIT ORGANIZATION, 6 – OTHER IDENTIFIA	MMERCIAL ORGANIZATION CONTRIE	TOTAL BUTIONS	A ()

4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS LOCAL ELECTIONS CANDIDATE



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ISTRUCTIONS: Complete one s Attach addition	heet for each prohib			and the second second	
	al forms if necessar	oited campaign conti y.	ibution received.		
RECEIVED FROM INDIVIDUAL ORGANIZATION	DATE RECEIVED (YYYY/MM/DD)	\$ VALUE	DATE RETURNED (YYYYMM/DD)	OR	DATE REMITTED TO ELECTIONS BC (YYYY/MM/DD)
□ anonymous					
Complete this field if the prohibi	ted campaign contri	bution was received	from an individual		
Complete these fields if the proh	nibited campaign co	ntribution was recei	ved from an organiz	zation:	
NAME OF ORGANIZATION					CIA\$5*
MAILING ADDRESS					
NAME OF DIRECTOR		NAME OF DIREC	CTOR		

* CLASSES OF CONTRIBUTORS:

 $^{1- \}text{INDIVIDUAL, } 2- \text{CORPORATION, } 3- \text{UNINCORPORATED BUSINESS/COMMERCIAL ORGANIZATION, } 4- \text{TRADE UNION, } 5- \text{NON-PROFIT ORGANIZATION, } 6- \text{OTHER}$

4226 - TRANSFERS RECEIVED FROM ELECTOR ORGANIZATION



NAME OF CANDIDATE	Alisha Atkinson		PAGE \ OF \
DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER
	· · · · · · · · · · · · · · · · · · ·		
Also include legal name if	different than ballot name.	TOTAL	A ()

4227 - OTHER PERMISSIBLE DEPOSITS TO CAMPAIGN ACCOUNT

ELECTIONS A non-partisan Office of the Legislature

LOCAL ELECTIONS CANDIDATE

	PLEASE	PRINT IN BLOCK LETTERS	
NAME OF CANDIDATE	Alisha	Atkinson	PAGE OF I
DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AMOUNT
		the second contract of	
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Manage of the second			
		The state of the s	
		The state of the s	
		The state of the s	
The state of the s			
		The state of the s	
, ,,,min e en 🔫			
		TOTAL	A ()
YPE: – Interest	paid by credit union		

O - Other (describe)

F - Fundraising income not reported as a campaign contribution

4228 - FUNDRAISING FUNCTION TICKET SALES LOCAL ELECTIONS CANDIDATE

ELECTIONS A non-partisan Office of the Legislature

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SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD

AME OF CANDIDATE	Attainson			OF _
ATE OF EVENT (YYYY/MM/DD) DESCRIPTION	ON OF FUNDRAISING EVEN	T		
ncome reported as campaign contributio	ons			
And the state of t	Number of Tickets Sold	Charge per Ticket	Total Charges Collected	Tick if Charge per Ticket Varies
Purchases by organizations	Part of the Control o			
Purchases by individuals of more than \$250 worth of tickets	***************************************	,		
Purchases by individuals of tickets that are more than \$50 each		The same of the sa		
Total	income reported as c	ampaign contributio	ns	

Remember to report all campaign contrib and if applicable, on form 4224 - Significa	utions on form 4223 ant Contributors (\$10	s - Summary of Car 30 or more).	mpaign Contribution	ns by Class,
Other income not reported as campaign of	contributions			Tick if Charge per
	Number of Tickets Sold	Charge per Ticket	Total Charges Collected	Ticket Varies
Purchases by individuals of		The state of the s		
tickets of \$50 or less	[· · · · · · · · · · · · · · · · · · ·	

4229 - SUMMARY OF ELECTION EXPENSES LOCAL ELECTIONS CANDIDATE



	Column A	Column B
DVERTISING	Election Expenses	Election Proceedings Period Expenses
Brochures, pamphlets and flyers		
Internet		
Newspaper, magazine, journal	A STATE OF THE STA	
Radio		
Signs and billboards		as a second
Television		
Other advertising		CONTRACTOR OF THE CONTRACTOR O
AMPAIGN ADMINISTRATION		
Salaries and wages	y e	,
Rent, insurance and utilities		a de la companya de l
Courier and postage		a and a second s
Furniture and equipment	<u> </u>	
Office supplies	, and a second s	
Professional services		
Other campaign administration expenses		
Conventions and meetings		
Other campaign related functions	g g g g g g g g g g g g g g g g g g g	
Research and polling		-
Interest [
CCLUSIONS THAT MUST BE REPORTED		
Personal election expenses	3	
Interest on loans for election expenses		
Legal and accounting services		
Financial agent services		
her expenses (describe)	A administration of the state o	-
Total Expenses	A ()	В
_	1	<u> </u>

4230 - TRANSFERS GIVEN TO ELECTOR ORGANIZATION LOCAL ELECTIONS CANDIDATE



ME OF CANDIDATE	Alisha At	Kinson		PAGE OF
DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTO	R ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER
, , , , , , , , , , , , , , , , , , ,				
		000		
		14.1		
-				
	different than ballot name.		тот	AL A

4231 - OTHER PERMISSIBLE PAYMENTS FROM CAMPAIGN ACCOUNT



LOCAL ELECTIONS CANDIDATE

PLEASE PRINT IN BLOCK LETTERS PAGE NAME OF CANDIDATE Alisha Atkinson AMOUNT DATE (YYYY/MM/DD) DESCRIPTION TYPE* TOTAL * TYPE: B - Bank fees E - Intended election expense that was not used

F - Payments made for fundraising purposes

N – Nomination deposit O – Other (describe)

4232 - SHARED ELECTION EXPENSE

LOCAL ELECTIONS CANDIDATE







NAME OF CANDIDATE	10	PAGE 1
Alisha Atkinso	1 / (
DESCRIPTION OF SHARED EXPENSE		
	Total value of shared	election expense
	Candidate's portion of shared e	election expense*
	Amount paid directly to sup	plier (if applicable)
	Amount of reimbursements given to	other candidate(s)
	Amount of reimbursements received from	n other candidates
*Note: Remember to include your por Election Expenses. Full names of other candidates with v	tion of the shared expense as an election	n expense on form 4229 - Summary of
LAST NAME	FIRST NAME	MIDDLE NAME
LAST NAME	FIRST NAME	MIDDLE NAME
LAST NAME	FIRST NAME	MIDDLE NAME
LAST NAME	FIRST NAME	MIDDLE NAME
LAST NAME	FIRST NAME	MIDDLE NAME
LAST NAME	FIRST NAME	MIDDLE NAME
LAST NAME	FIRST NAME	MIDDLE NAME
LAST NAME	FIRST NAME	MIDDLE NAME
LAST NAME	FIRST NAME	MIDDLE NAME
LAST NAME	FIRST NAME	MIDDLE NAME
LAST NAME	FIRST NAME	MIDDLE NAME

4233 - TRANSFERS BETWEEN CANDIDATE'S **OWN CAMPAIGN ACCOUNTS**



LOCAL ELECTIONS CANDIDATE

	PLEASE PRINT IN BLOCK LETTERS		
NAME OF CANDIDATE Alisha	Atkinson		PAGE OF (
Transfers between cand	idate's own campaign accounts in same jurisdiction		
	PURPOSE		AMOUNT
-			
			\widetilde{A}
			$\overline{\bigcirc}$
Fransfers from candidat	e's own campaign accounts in other jurisdictions		
DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)		AMOUNT
(YYYY/MM/DD)		1	
			10
			· · · · · · · · · · · · · · · · · · ·
		TOTAL A	
ransfers to candidate's	own campaign accounts in other jurisdictions		
DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)		AMOUNT
\			$\setminus \bigcirc$
•			
		TOTAL B	C
	The amounts in boxes A and B must be carried forward to form 4	<u>∟</u>	
	The dilicano in poster t and 2		

4234 - DISBURSEMENT OF SURPLUS FUNDS LOCAL ELECTIONS CANDIDATE



Balance remaining in campaign account(s) after payment of all expenses Total amount of campaign contributions from candidate C Amount reimbursed to candidate from campaign account for the candidate's contributions to their campaign Date of reimbursement to candidate (YYYY/MM/DD) Amount of remaining surplus funds (after any reimbursement under box C) 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. AMOUNT DESCRIPTION AMOUNT	NAME OF CANDIDATE	lisha Atkinson	
Amount reimbursed to candidate from campaign account for the candidate's contributions to their campaign Date of reimbursement to candidate (YYYY/MM/DD) Amount of remaining surplus funds (after any reimbursement under box C) 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.		Balance remaining in campaign account(s) after payment of all expe	enses O A
Date of reimbursement to candidate (YYYY/MM/DD) Amount of remaining surplus funds (after any reimbursement under box C) 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			
Amount of remaining surplus funds (after any reimbursement under box C) 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	Amount reimbursed to	candidate from campaign account for the candidate's contributions to their cam	paign
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. OBTE (YYYY/MM/DD) DESCRIPTION AMOUNT		Date of reimbursement to candidate (YYYY/MM	/DD)
If the amount in Box D is less than \$500 provide details of how it was disbursed. DATE			
DATE (YYYY/MM/DD) DESCRIPTION AMOUNT	If the amount in B	ox D is \$500 or more, it must be paid to the jurisdiction in which the cand ran for election. Provide the date of payment (YYYY/MM/	Idate (DD).
			AMOUNT
	(YYYY/MM/DD)	Contracting the second	
	The second second		

4235 - FREE ADVERTISING FROM JURISDICTION LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE ALISHA ATKINSON						
Free advertising provided by jurisdiction						
DATE ADVERTISING WAS TRANSMITTED (YYYY/MM/DD)	JURISDICTION	MEANS OF TRANSMISSION (WEBSITE, FLYER, ETC.)				
:						
1						
		•				

4236 - PREVIOUS FINANCIAL AGENTS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE		*	
Alieha Atkinson			
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)			
FINANCIAL AGENT'S LAST NAME	FIRST NAME		MIDDLE NAME
	Carrier Contraction of the Contr		PHONE NO.
FINANCIAL AGENT MAILING ADDRESS	The same and the s		THORE NO.
CITY/TOWN	P	OSTAL CODE	EMAIL (IF AVAILABLE)
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)			
FINANCIAL AGENT'S LAST NAME	FIRST NAME		MIDDLE NAME
FINANCIAL AGENT MAILING ADDRESS	The state of the s		PHONE NO.
CITY/TOWN	P	OSTAL CODE	EMAIL (IF AVAILABLE)
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)			
FINANCIAL AGENT'S LAST NAME	FIRST NAME		MIDDLE NAME
FINANCIAL AGENT MAILING ADDRESS	The state of the s		PHONE NO.
CITY/TOWN	Pr	OSTAL 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	Pro	OSTAL CODE	EMAIL (IF AVAILABLE)