

**LOCAL ELECTIONS CAMPAIGN FINANCING** (15/01)

**4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT**

**LOCAL ELECTIONS CANDIDATE**



PLEASE PRINT IN BLOCK LETTERS

Amendment # \_\_\_\_\_

CANDIDATE'S FULL NAME <i>Angelina Gwendolen Gusselin</i>		GENERAL VOTING DAY (YYYY/MM/DD) <i>2015 12 12</i>
BALLOT NAME (IF DIFFERENT FROM ABOVE) <i>Angelina Gusselin</i>		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) <i>School Trustee</i>
MAILING ADDRESS <i>44835 Keith Wilson Rd</i>		PHONE NO. <i>(604) 793-5914</i>
CITY/TOWN <i>Chilliwack</i>	POSTAL CODE <i>V2R 1B59</i>	EMAIL (IF AVAILABLE) <i>angelina.gusselin@shaw.ca</i>
JURISDICTION <i>Chilliwack City</i>		
ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELECTORAL AREA (IF APPLICABLE) <i>Chilliwack School District 33</i>		
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)		
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)		

FINANCIAL AGENT'S LAST NAME <i>Gusselin</i>	FIRST NAME <i>Angelina</i>	MIDDLE NAME <i>Gwendolen</i>
FINANCIAL AGENT'S MAILING ADDRESS <i>44835 Keith Wilson Rd</i>		PHONE NO. <i>(604) 793-5914</i>
CITY/TOWN <i>Chilliwack</i>	POSTAL CODE <i>V2R 1B59</i>	EMAIL (IF AVAILABLE) <i>angelina.gusselin@shaw.ca</i>
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 checked="" type="checkbox"/>
Summary of Campaign Contributions by Class – Form 4223 <input checked="" type="checkbox"/>	Other Permissible Payments – Form 4231 <input checked="" type="checkbox"/>
Significant Contributors (\$100 or more) – Form 4224 <input checked="" type="checkbox"/>	Shared Election Expense – Form 4232 <input checked="" type="checkbox"/>
Prohibited Campaign Contributions – Form 4225 <input checked="" type="checkbox"/>	Transfers Between Candidate's Own Accounts – Form 4233 <input checked="" type="checkbox"/>
Transfers Received from Elector Organization – Form 4226 <input checked="" type="checkbox"/>	Disbursement of Surplus Funds – Form 4234 <input checked="" type="checkbox"/>
Other Permissible Deposits – Form 4227 <input checked="" type="checkbox"/>	Free Advertising from Jurisdiction – Form 4235 <input checked="" type="checkbox"/>
Fundraising Function Ticket Sales – Form 4228 <input checked="" type="checkbox"/>	Previous Financial Agents – Form 4236 <input checked="" 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 1-800-661-8683, electionsbc@elections.bc.ca or PO Box 9275 Stn Prov Govt Victoria, BC V8Y 9U6

LOCAL ELECTIONS CAMPAIGN FINANCING

(14/08)

4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS  
LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE <i>Angelina Gosselin</i>	
<b>Declaration:</b> 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 <i>Local Elections Campaign Financing Act (LECFA)</i> .	
SIGNATURE OF CANDIDATE <i>[Signature]</i>	DATE: (YYYY/MM/DD) <i>2016.03.06</i>
PRINTED NAME OF CANDIDATE <i>Angelina Gosselin</i>	
SIGNATURE OF FINANCIAL AGENT <i>[Signature]</i>	DATE: (YYYY/MM/DD) <i>2016.03.06</i>
PRINTED NAME OF FINANCIAL AGENT <i>Angelina Gosselin</i>	
<b>Campaign accounts:</b>	
NAME OF SAVINGS INSTITUTION <i>Envision Financial</i>	
ADDRESS <i>45840 Cream Ave Chilliwack BC V2P 1N8</i>	
NAME OF SAVINGS INSTITUTION	
ADDRESS	
NAME OF SAVINGS INSTITUTION	
ADDRESS	
NAME OF SAVINGS INSTITUTION	
ADDRESS	

LOCAL ELECTIONS CAMPAIGN FINANCING (14/08)

4222 - STATEMENT OF INCOME AND EXPENSES  
LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE		Angelina Gusselini	
Total value of campaign contributions from all sources (from box C on form 4223)		525 <sup>00</sup> <sub>xx</sub>	
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)		0	
<b>Total Income (sum of above boxes)</b>		525 <sup>00</sup>	<b>A</b>
Election expenses (from box A on form 4229)		5299.87	
Transfers to elector organization (from box A on form 4230)		0	
Total other permissible payments (from box A on form 4231)		500 <sup>00</sup>	
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	
<b>Total Expenditures (sum of above boxes)</b>		5799.87	<b>B</b>

LOCAL ELECTIONS CAMPAIGN FINANCING

(14/08)

4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

Angelina Gosselin

All Contributions

Individuals	\$ 500 <sup>00</sup> <sub>xx</sub>
Corporations	0
Unincorporated Business/Commercial Organizations	0
Trade Unions	500 <sup>00</sup> <sub>xx</sub>
Non-profit Organizations	0
Other Identifiable Contributors	0
<b>Total</b>	<b>\$ 525<sup>00</sup><sub>xx</sub> A</b>

Anonymous contributions \$ 0 B

Total contributions (A + B) \$ 525<sup>00</sup><sub>xx</sub> C

Total significant contributions (must equal box A on all forms 4224) \$ 525<sup>00</sup><sub>xx</sub>

Total contributions of less than \$100 \$ 25<sup>00</sup><sub>xx</sub>

Number of contributors who gave less than \$100 #

Number of anonymous contributors #



**LOCAL ELECTIONS CAMPAIGN FINANCING** (14/08)

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



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE <div style="font-size: 1.5em; font-family: cursive;">ANGELINA GOSSELIN</div>	PAGE <input style="width: 20px;" type="text" value="1"/> OF <input style="width: 20px;" type="text" value="1"/>
<b>INSTRUCTIONS: Complete one sheet for each prohibited campaign contribution received.</b> Attach additional forms if necessary.	

RECEIVED FROM <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ORGANIZATION <input type="checkbox"/> ANONYMOUS	DATE RECEIVED (YYYY/MM/DD)	\$ VALUE <div style="font-size: 1.5em; font-family: cursive;">0</div>	DATE RETURNED (YYYY/MM/DD)	OR DATE REMITTED TO ELECTIONS BC (YYYY/MM/DD)
DESCRIPTION OF HOW THE PROHIBITED CONTRIBUTION WAS RECEIVED				
<b>Complete this field if the prohibited campaign contribution was received from an individual:</b>				
NAME OF INDIVIDUAL <div style="font-size: 1.5em; font-family: cursive;">N/A</div>				
<b>Complete these fields if the prohibited campaign contribution was received from an organization:</b>				
NAME OF ORGANIZATION <div style="font-size: 1.5em; font-family: cursive;">N/A</div>				CLASS*
MAILING ADDRESS				
NAME OF DIRECTOR		NAME OF DIRECTOR		

\*CLASSES OF CONTRIBUTORS:  
 1 - INDIVIDUAL, 2 - CORPORATION, 3 - UNINCORPORATED BUSINESS/COMMERCIAL ORGANIZATION,  
 4 - TRADE UNION, 5 - NON-PROFIT ORGANIZATION, 6 - OTHER

LOCAL ELECTIONS CAMPAIGN FINANCING (14/08)

4226 - TRANSFERS RECEIVED FROM ELECTOR ORGANIZATION LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE: Angelina Gusselin PAGE 1 OF 1

Table with 4 columns: DATE OF TRANSFER (YYYY/MM/DD), BALLOT NAME OF ELECTOR ORGANIZATION\*, DESCRIPTION (IF NON-MONETARY), VALUE OF TRANSFER. Row 1 contains 'NONE' in the second column.

\*Also include legal name if different than ballot name.

TOTAL A \$

LOCAL ELECTIONS CAMPAIGN FINANCING (14/08)

4227 - OTHER PERMISSIBLE DEPOSITS TO CAMPAIGN ACCOUNT LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE: Angelina Gosselin PAGE 1 OF 1

Table with columns: DATE (YYYY/MM/DD), TYPE\*, DESCRIPTION, AMOUNT. The first row contains the handwritten word 'NONE' in the DESCRIPTION column.

\*TYPE: I - Interest, D - Dividends of shares paid by credit union, S - Surplus funds from previous election returned by jurisdiction, F - Fundraising income not reported as a campaign contribution, O - Other (describe)

TOTAL A 0



**LOCAL ELECTIONS CAMPAIGN FINANCING** (14/08)

**4228 - FUNDRAISING FUNCTION TICKET SALES**

**LOCAL ELECTIONS CANDIDATE**



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SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD

NAME OF CANDIDATE <i>Angelina GOSSELIN</i>	PAGE <input type="text" value="1"/>
DATE OF EVENT (YYYY/MM/DD)	OF <input type="text" value="1"/>
DESCRIPTION OF FUNDRAISING EVENT <i>NONE</i>	

**Income reported as campaign contributions**

	Number of Tickets Sold	Charge per Ticket	Total Charges Collected	Tick if Charge per Ticket Varies
Purchases by organizations	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Purchases by individuals of more than \$250 worth of tickets	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Purchases by individuals of tickets that are more than \$50 each	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Total income reported as campaign contributions			<input type="text"/>	

Remember to report all campaign contributions on form 4223 - Summary of Campaign Contributions by Class, and if applicable, on form 4224 - Significant Contributors (\$100 or more).

**Other income not reported as campaign contributions**

	Number of Tickets Sold	Charge per Ticket	Total Charges Collected	Tick if Charge per Ticket Varies
Purchases by individuals of tickets of \$50 or less	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

**LOCAL ELECTIONS CAMPAIGN FINANCING (15/01)**

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



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE			ANGELINA GOSSELIN		
		<b>Column A</b>		<b>Column B</b>	
		<b>Election Expenses</b>		<b>Election Proceedings Period Expenses</b>	
<b>ADVERTISING</b>					
	Brochures, pamphlets and flyers	488.73		488.73	
	Internet	327.89		327.89	
	Newspaper, magazine, journal				
	Radio				
	Signs and billboards	3635.83		3635.83	
	Television				
	Other advertising	94.43		94.43	
<b>CAMPAIGN ADMINISTRATION</b>					
	Salaries and wages				
	Rent, insurance and utilities				
	Courier and postage	12.02		12.02	
	Furniture and equipment	151.18		151.18	
	Office supplies	51.57		51.57	
	Professional services				
	Other campaign administration expenses				
	Conventions and meetings	59.50		59.50	
	Other campaign related functions	478.72		478.72	
	Research and polling				
	Interest				
<b>EXCLUSIONS THAT MUST BE REPORTED</b>					
	Personal election expenses				
	Interest on loans for election expenses				
	Legal and accounting services				
	Financial agent services				
	Other expenses (describe)				
	<b>Total Expenses</b>	<b>A</b> 5299.87		<b>B</b> 5299.87	

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.

LOCAL ELECTIONS CAMPAIGN FINANCING (14/08)

4230 - TRANSFERS GIVEN TO ELECTOR ORGANIZATION LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE: Angelina GOSSELIN PAGE 1 OF 1

Table with 4 columns: DATE OF TRANSFER (YYYY/MM/DD), BALLOT NAME OF ELECTOR ORGANIZATION\*, DESCRIPTION (IF NON-MONETARY), VALUE OF TRANSFER. Includes handwritten entries for 2015-11-05 and 2015-11-12 with 'N/A' and '0.00' values.

\*Also include legal name if different than ballot name.

TOTAL A 0.00

LOCAL ELECTIONS CAMPAIGN FINANCING (14/08)

4231 - OTHER PERMISSIBLE PAYMENTS FROM CAMPAIGN ACCOUNT LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE: Angelina Gosselin PAGE 1 OF 1

Table with columns: DATE (YYYY/MM/DD), TYPE\*, DESCRIPTION, AMOUNT. Contains handwritten entries for City of Chilliwack and Prism Tech Graphics Tech.

\* TYPE: B - Bank fees, E - Intended election expense that was not used, F - Payments made for fundraising purposes, N - Nomination deposit, O - Other (describe)

TOTAL A 500.00

LOCAL ELECTIONS CAMPAIGN FINANCING

(14/08)

4232 - SHARED ELECTION EXPENSE

LOCAL ELECTIONS CANDIDATE

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SUBMIT A SEPARATE FORM FOR EACH SHARED ELECTION EXPENSE

NAME OF CANDIDATE	Angelina Gusselin	PAGE	1
		OF	1

DESCRIPTION OF SHARED EXPENSE	N/A
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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:

LAST NAME	FIRST NAME	MIDDLE NAME

**LOCAL ELECTIONS CAMPAIGN FINANCING** (14/08)

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



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE Angelina Gosselin

PAGE 1  
 OF 1

**Transfers between candidate's own campaign accounts in same jurisdiction**

PURPOSE	AMOUNT
<del>Est</del> Partial internet, brochure, pamphlets	525 <sup>00</sup>
Partial internet, brochure, pamphlets	160 <sup>00</sup>

**Transfers from candidate's own campaign accounts in other jurisdictions**

DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)	AMOUNT
TOTAL A		

**Transfers to candidate's own campaign accounts in other jurisdictions**

DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)	AMOUNT
TOTAL B		

The amounts in boxes A and B must be carried forward to form 4222.

LOCAL ELECTIONS CAMPAIGN FINANCING (14/09)

4234 - DISBURSEMENT OF SURPLUS FUNDS LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE Angelina Gusselin

Balance remaining in campaign account(s) after payment of all expenses 0 A

Total amount of campaign contributions from candidate 4774.87 B

Amount reimbursed to candidate from campaign account for the candidate's contributions to their campaign 0 C

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). N/A

If the amount in Box D is less than \$500 provide details of how it was disbursed.

Table with 3 columns: DATE (YYYY/MM/DD), DESCRIPTION, AMOUNT. The AMOUNT column contains a handwritten '0'.





**LOCAL ELECTIONS CAMPAIGN FINANCING**

(14/08)

**4236 - PREVIOUS FINANCIAL AGENTS  
LOCAL ELECTIONS CANDIDATE**



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NAME OF CANDIDATE <i>Angelina Gosselin</i>			
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD) <i>2015 12 14</i>			
FINANCIAL AGENT'S LAST NAME <i>GOSSELIN</i>		FIRST NAME <i>Angelina</i>	MIDDLE NAME
FINANCIAL AGENT MAILING ADDRESS <i>44835 Kerten Wilson Rd</i>			PHONE NO. <i>604 793 5914</i>
CITY/TOWN <i>Chilliwack</i>		POSTAL CODE <i>V2R 1B39</i>	EMAIL (IF AVAILABLE) <i>angelinagosselin@shaw.ca</i>
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)