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

To:18664660665



TEFOLITRITING DECOR RETTERO	Amendment #
CANDIDATE'S FULL NAME	GENERAL VOTING DAY (YYYY/MM/DD)
Averelina Gwendolen Gusselin	2015 12 12
BALLOT NAME (IF DIFFERENT FROM ABOVE)	OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.)
Anglina Crusselin	School Trustee
44835 Keith Wilson Cl	PHONE NO. (404)793-5914
CITY/TOWN POSTAL CODE War 1359	EMAIL (IF AVAILABLE) GREATURA COSSELLA COSSELLA COSSELLA
JURISDICTION C. C. C.	Charles Correct Contract
Chilliwood City	
ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELECTORAL AREA (IF APPLICABLE)	· •
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)	· 33.
DALLOT TANAME OF ENDORSING ELECTOR GROWNEATION (IF REFELCABLE)	
1.EGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)	
FINANCIAL AGENTS LAST NAME FIRST NAME , .	MIDDLE NAME
Cosselin Angelina	Gwendolen
FINANCIAL AGENT'S MAILING ADDRESS	PHONE NO.
44835 Keith Wilson Red	(bal) 793-5914
1 1 2 1 2 2 1 2 5 0 1	email (ifavailable) angelina ausselina Shave
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)  If there were previous financia	
Tick if candidate acted as their own financial agent  Tick if candidate was	as registered as a third party sponsor
This disclosure statement includes the following forms:	
5-4	of Election Expenses - Form 4229
Statement of Income and Expenses - Form 4222	Elector Organization - Form 4230
Summary of Campaign Contributions by Class - Form 4223  Other F	Permissible Payments - Form 4231
Significant Contributors (\$100 or more) - Form 4224 Sha	red Election Expense - Form 4232
Prohibited Campaign Contributions - Form 4225 Transfers Between Cand	idate's Own Accounts - Form 4233
Transfers Received from Elector Organization — Form 4226 \( \subseteq \) Disbursem	nent of Surplus Funds - Form 4234
Other Permissible Deposits - Form 4227 Free Adverti	sing from Jurisdiction - Form 4235
Fundraising Function Ticket Sales - Form 4228 Previous	ious Financial Agents - Form 4236

## 4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS LOCAL ELECTIONS CANDIDATE

To:18664660665



NAME OF CANDIDATE ANGOLINA COSSOLIA	
Declaration:	
I, the undersigned, declare that to the best of my knowledge and belief, this disclosure statement completely and acc required under the Local Elections Campaign Financing Act (LECFA).	uralely discloses the information
SIGNATURE OF CANDIDATE	DATE: (YYYY/MM/DD) 201603.06
PRINTED NAME OF CANDIDATE ANGELING GOSSELIN	
SIGNATURE OF FINANCIAL AGENT	DATE: (YYYY/MM/DD)
	2016.0506
PRINTED NAME OF FINANCIAL AGENT Agelina Crusselin	
Campaign accounts:	
NAME OF SAVINGS INSTITUTION. ENVISOR FIVENCIAL.	
45840 Cheam Ave Chillippics	USC VAPINS
NAME OF SAVINGS INSTITUTION	
AODRESS	
NAME OF SAVINGS INSTITUTION	
ADDRESS	
NAME OF SAVINGS INSTITUTION	**************************************
ADDRESS	

14/08)

# 4222 - STATEMENT OF INCOME AND EXPENSES LOCAL ELECTIONS CANDIDATE

To:18664660665



NAME OF CANDIDATE Angolina Gusselin	
Total value of campaign contributions from all sources (from box C on form 4223	5,799.87 575
Transfers received from elector organization (from box A on form 4226)	0
Total other permissible deposits (from box A on form 4227)	500 t
Transfers from candidate's own accounts in other jurisdictions (from box A on form 4233)	Ó
Total Income (sum of above boxes)	6,299.87 575WA
Election expenses (from box A on form 4229)	5299.87
Transfers to elector organization (from box A on form 4230)	, <u> </u>
Total other permissible payments (from box A on form 4231)	Spage
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)	S00 <del>0</del>
Total Expenditures (sum of above boxes)	5-7957B
	6,299.87

(14/08)

# 4222 - STATEMENT OF INCOME AND EXPENSES LOCAL ELECTIONS CANDIDATE

ELECTIONS
A non-partisan Office of the Legislature

PLEASE PRINT IN BLOCK LETTERS

SEE AMENDMENT

	<i></i>
NAME OF CANDIDATE Angelina Gusselin	
Total value of campaign contributions from all sources (from box C on form 4223)	525 XY
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)	Q.
Total Income (sum of above boxes)	525W A
Election expenses (from box A on form 4229)	5299.87
Transfers to elector organization (from box A on form 4230)	· Q''
Total other permissible payments (from box A on form 4231)	SOO
Transfers to candidate's own accounts in other jurisdictions (from box B on form 4233)	Ø
Amount of surplus funds disbursed (from box A on form 4234)	0
Total Expenditures (sum of above boxes)	5799.87 B

14(08)

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



NAME OF CANDIDATE ANGRELIA GOSSELIA	
Angelina Gosselin	
	All Contributions
Individuals	5 299.87 SOX
Corporations	6
Unincorporated Business/Commercial Organizations	0
Trade Unions	Son
Non-profit Organizations	0
Other Identifiable Contributors	0
Total	5,799.85 A
Anonymous contributions	\$ 0 B
Total contributions (A + B)	5,799.87 5255 c
Total significant contributions (must equal box A on all forms 4224)	\$5,774.875
Total contributions of less than \$100	s 25%
Number of contributors who gave less than \$100	#
Number of anonymous contributors	#

(14/08)

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

ELECTIONS A non-partisan Office of the Legislature

PLEASE PRINT IN BLOCK LETTERS

SEE AMENDMENT

NAME OF CANDIDATE	Angelina Gosselin	
		All Contributions
	Individuals	SOX
	Corporations	0
	Unincorporated Business/Commercial Organizations	0
	Trade Unions	5000
	Non-profit Organizations	0
	Other Identifiable Contributors	0
	Total	\$ 52500 A
	Anonymous contributions	\$ 0 B
		CÜ -
	Total contributions (A + B)	\$ 575% 0
	Total significant contributions (must equal box A on all forms 4224)	s 57500
	John Significations (made equal services are lesses	
	Total contributions of less than \$100	\$ 25%
		, , , , , , , , , , , , , , , , , , , ,
	Number of contributors who gave less than \$100	#
	Number of contributors who gave less than \$100	#
	Number of anonymous contributors	#
é		

(10)00

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



NAME OF CANDIDATE	na Gosselin			PAGE OF 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
2015 1210	Frager Valley	#202-9292 - 20051 Langley BC VIM3+6	4	500.20
700-1-1	Labour Council Cope 774 Mike Annesley Doniella Paul		September 1	250
2015/12/12	Angelina (rosselin		<b>.</b>	5,274.87
2013/2/12	A riche included to			
Pillian and American				
, ,				
-				
		·		
		·	E	5,774.87
NEEDED, ATTACH ADDI LASS OF CONTRIBUTO - INDIVIDUAL, 2 – CORF	TIONAL FORMS R: PORATION, 3 - UNINCORPORATED BUSINESS/COMM N-PROFIT ORGANIZATION, 6 - OTHER IDENTIFIABLE	FROM ORGANIZATION CONTRIBUTI	OTAL A	.333

## LOCAL ELECTIONS CAMPAIGN FINANCING 4224 - SIGNIFICANT CONTRIBUTORS (\$100 OR MORE) LOCAL ELECTIONS CANDIDATE non-partisan Office of the Legislature PLEASE PRINT IN BLOCK LETTERS PAGE NAME OF CANDIDATE OF FULL NAME OF CONTRIBUTOR (For class 2, 3, 4, 5 & 6, include full names of two directors) ADDRESS OF CONTRIBUTOR VALUE OF CONTRIBUTION DATE OF CLASS\* 8 & 6 only) CONTRIBUTION (YYYY/MM/DD) (For class 2, 3, 4 Fraser Valley - 20051 Labour Council 2015 1210

To:18664660665

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

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 9J6

TOTAL

CONTRIBUTIONS

### 4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS LOCAL ELECTIONS CANDIDATE



INSTRUCTIONS: Complete one s	heet for each prohib al forms if necessary	ited campaign con			PAGE     OF \
RECEIVED FROM	DATE		DATE		DATE REMITTED TO
INDIVIDUAL     ORGANIZATION	RECEIVED (YYYY/MM/DD)	\$ VALUE	RETURNED (YYYYIMMIDD)	OR	ELECTIONS BC (YYYY/MM/DD)
☐ ANONYMOUS		Ö			
Complete this field if the prohibit	ed campaign contrik		l from an individual	· Venana	
Complete these fields if the proh	ibited campaign con	tribution was recel	ved from an organiz	zation;	
NAME OF ORGANIZATION	N	/A		<del></del>	Crvae,
MAILING ADDRESS		*			
NAME OF DIRECTOR		NAME OF DIREC	DTOR		

<sup>\*</sup>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



NAME OF CANDIDATE	Angelina Gu	sselin		PAGE 1
DATE OF TRANSFER (YYYY/MM/0D)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)		VALUE OF TRANSFER
	NONE.			
			1	
			-	
· · · · · · · · · · · · · · · · · · ·				
			<u> </u>	
Uso include legal name if d	ifferent than ballot name.	TOTAL	A	d)

(4/03)

# 4227 - OTHER PERMISSIBLE DEPOSITS TO CAMPAIGN ACCOUNT

#### LOCAL ELECTIONS CANDIDATE

PLEASE PRINT IN BLOCK LETTERS

<b>.</b>	ELECTIONS A non-partisan Office of the Legislature	
	A non-partisan Office of the Legislature	

NAME OF CANDIDATE		Angelina Gosselin	PAGE /
DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AMOUNT
		12016	
2016/02/12	0	Robins of City & Chillimade Sign de posit	500.00
	-		
YPE:		TOTAL	50000
<ul> <li>Interest</li> <li>Dividends of shares paid</li> <li>Surplus funds from previous</li> </ul>	ous election	nion	

O - Other (describe)

This form is available for public

This form is available for public inspection.

ORIGINAL — ELECTIONS BC

PLEASE KEEP A COPY FOR YOUR RECORDS

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Questions? Contact: Privacy Officer, Elections BC
1-800-661-8683 PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6

(14/08)

# 4227 - OTHER PERMISSIBLE DEPOSITS TO CAMPAIGN ACCOUNT SEE AMENDMEN

To:18664660665

ELECTIONS Annovarities Office of the A nonpartisan Office of the Legislature

PLEASE PRINT IN BLOCK LETTERS

ME OF CANDIDATE		Angelina Gosselin	PAGE OF
DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AMOUNT
		None /	
· · · · · · · · · · · · · · · · · · ·			
<u>,                                      </u>			
		/	
······································			
/			
erest			A Ø
ividends of shares pa urplus funds from pre undraising income no Other (describe)	and by credit evious election treported as	union n returned by jurisdiction a campaign contribution	

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 9J6

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

#### LOCAL ELECTIONS CANDIDATE

PLEASE PRINT IN BLOCK LETTERS

SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD



NAME OF CANDIDATE  ANGPLIA	C70	SSELIN		PAGE OF
DATE OF EVENT (YYYY/MM/DD) DESCRIPTION	N OF FUNDRAISING EV	ENT NON	E	
Income reported as campaign contributio	ns			
	Number of Tickets Sold	Charge per Ticket	Total Charges Collected	Tick if Charge per Ticket Varies
Purchases by organizations			144	
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 contributions				
Remember to report all campaign contribution and if applicable, on form 4224 - Signification			npaign Contributio	ns by Class,
Other income not reported as campaign contributions Tick if Charge per				
_	Number of Tickets Sold	Charge per Ticket	Total Charges Collected	Ticket Varies
Purchases by individuals of tickets of \$50 or less				

(15/01)

# 4229 - SUMMARY OF ELECTION EXPENSES LOCAL ELECTIONS CANDIDATE



	Column A	Column B
ADVERTISING	Election Expenses	Election Proceedings Period Expenses
Brochures, pamphlets and flyers	488.73	488.75
Internet	3,7.89	327 89
Newspaper, magazine, journal		
Radio		
Signs and billboards	3635.83	3635.83
Television		
Other advertising	94.43	34.4
CAMPAIGN ADMINISTRATION		
Salaries and wages		
Rent, insurance and utilities		
Courier and postage	12.02	12.02
Furniture and equipment	151.18	151.18
Office supplies	Sl.57	\$1.57
Professional services		
Other campaign administration expenses		
Conventions and meetings	5950	51.50
Other campaign related functions	478.72	478-72
Research and polling		
Interest		<u></u>
XCLUSIONS THAT MUST BE REPORTED		The National Action and the
Personal election expenses		
Interest on loans for election expenses		
Legal and accounting services		
Financial agent services ther expenses (describe)		
T-4-1 T-11-1-1-1	1 = 200 . =	<b>D</b>
Total Expenses A	5299.87	B 5299.87

(1.103)

# 4230 - TRANSFERS GIVEN TO ELECTOR ORGANIZATION LOCAL ELECTIONS CANDIDATE

# A non-partisan Office of the Legislature

NAME OF CANDIDATE	Angelina Crosse	ELIN	PAGE OF 1
DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER
2015 11:05	Angelina Grosselina Etection Campongui Angelina Crosselina	NA	000
2015 11-12	Election Compage	,	3 Q OC.
	,		
Also include legal name if d	ifferent than ballot name.	TOTAL	- A Ø 1

From:Sto:lo Nation

# 4231 - OTHER PERMISSIBLE PAYMENTS FROM CAMPAIGN ACCOUNT

# ELECTIONS A non-partisan Office of the Legislature

LOCAL ELECTIONS CANDIDATE
PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE	A	ngelina Gosselin	PAGE 1
DATE (YYYY/MM/DD)	TYPE'	DESCRIPTION	AMOUNT
2015-11-06	O	City of Chillinnee ( Sign point) Prism Tech Graphics Tech	200 xx
10511-25	<u> </u>	Prism Tech Graphics Tech	gr 670 xx
2045-4-25	<u>_</u>	Pasm Fech Graphis Tech.	9 1670 X
	1		
4			
TYPE: B - Bank fees E - Intended election exper	ise that was	İ	4 500 ch

B - Bank lees
E - Intended election expense that was not used
F - Payments made for fundraising purposes
N - Nomination deposit
O - Other (describe)

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 9J6

(1/00)

### **4232 - SHARED ELECTION EXPENSE**

#### LOCAL ELECTIONS CANDIDATE





NAME OF CANDIDATE	pelina Gossa	elin	PAGE OF	
DESCRIPTION OF SHARED EXPENSE	, N	/A		
	Total va	alue of shared election expense	Ø	
,	Candidate's porti	ion of shared election expense*		
	Amount paid	directly to supplier (if applicable)		
	Amount of reimbursen	nents 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 NA	ME	

(0.2003)

# 4233 - TRANSFERS BETWEEN CANDIDATE'S OWN CAMPAIGN ACCOUNTS

### LOCAL ELECTIONS CANDIDATE

1/2	ELECTIONS A non-partisan Office of the Leg	
	A non-partisan Office of the Leg	islature

NAME OF CANDIDATE	Ingelin Gosselin	PAGE /
Transfers between candid	late's own campaign accounts in same jurisdiction	
· Letr-	PURPOSE	AMOUNT
Denti-	Carpenter Causephilater	and an San San San San San San San San San
Partial	wheret house shoppphels	A STATE OF THE STA
	W/A	
ransfers from candidate's	s own campaign accounts in other jurisdictions	
DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)	AMOUNT
<u> </u>	TOTAL	A 🕺
ansfers to candidate's ov	vn campaign accounts in other jurisdictions	
DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)	AMOUNT
	TOTAL	в
	The amounts in boxes A and B must be carried forward to form 4222.	

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

A non-partisan Office of the Legislature

To:18664660665

NAME OF CANDIDATE	Angelina Gosselin	PAGE /
Transfers between can	didate's own campaign accounts in same jurisdiction	
- Fatr	PURPOSE	AMOUNT
Pactial	internet, brochure, pamphlets	52500
Parhal	internet, prochure pharmpholis	1600
Transfers from candida	te's own campaign accounts in other jurisdictions	
DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)	AMOUNT
	/	Transition of the state of the
<u> </u>	TOTAL	A X
		/
Transfers to candidate's	s own campaign accounts in other jurisdictions	
(YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)	AMOUNT
/		
	TOTAL	В
	The amounts in boxes A and B must be carried forward to form 4222.	

## 4234 - DISBURSEMENT OF SURPLUS FUNDS LOCAL ELECTIONS CANDIDATE

To:18664660665



NAME OF CANDIDATE	Angelina Gusselin	-	
1		7	
	Balance remaining in campaign account(s) after payment of all expenses	500,00 A	
	Total amount of campaign contributions from candidate	5,274.87 4774.87 B	
Amount reimbursed	to candidate from campaign account for the candidate's contributions to their campaign	500.00 € C	
	Date of reimbursement to candidate (YYYY/MM/DD)	2016/02/12	
	Amount of remaining surplus funds (after any reimbursement under box C)	O D	
If the amount in	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 B	ox D is less than \$500 provide details of how it was disbursed.		
DATE (YYYY/MM/DD)	DESCRIPTION	AMOUNT	
		Ø.	

### 4234 - DISBURSEMENT OF SURPLUS

LOCAL ELECTIONS CANDIDATE

FUND	
SEE A	ELECTIONS A non-partisan Office of the Legislature

NAME OF CANDIDATE	Angelina Gusselin	
	Balance remaining in campaign account(s) after payment of all expenses	C) A
	Total amount of campaign contributions from candidate	4774.87 в
Amount reimbursed to	o candidate from campaign account for the candidate's contributions to their campaign	Q 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 B	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).	N/A-
If the amount in Bo	ox D is less than \$500 provide details of how it was disbursed.	
DATE (YYYY/MM/DD)	DESCRIPTION	AMOUNT
		$\phi$
,		

(44/08)

# 4235 - FREE ADVERTISING FROM JURISDICTION LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE	Angelina Gos	selin			
Free advertising pro	Free advertising provided by jurisdiction				
DATE ADVERTISING WAS TRANSMITTED (YYYY/MM/DD)	JURISDICTION	MEANS OF TRANSMISSION (WEBSITE, FLYER, ETC.)			
2015-11-40	( ) top of the state of the sta	a City toolosite			
70-1-1-2	Starten				
	None				

14/08)

## 4235 - FREE ADVERTISING FROM JURISDICTION

LOCAL ELECTIONS CANDIDATE



ELECTIONS
Anon-partisan Office of the Legislature

NAME OF CANDIDATE ANGELIA GOSSELIA					
Free advertising provided by jurisdiction					
DATE ADVERTISING WAS TRANSMITTED (YYYY/MM/DD)	JURISDICTION	MEANS OF TRANSMISSION (WEBSITE, FLYER, ETC.)			
2015-11-16	City of Chillian Sky FM	of City Website			
2015-11-12	Sky FM	wiebs te			

# 4236 - PREVIOUS FINANCIAL AGENTS LOCAL ELECTIONS CANDIDATE

To:18664660665



	Harris Andrew Committee	A secretary of the supply and a secretary	The Art of the Control of the Contro			
NAME OF CANDIDATE Anaplina TUSSELIA						
trajelira	~10550	[(	100 C C C C C C C C C C C C C C C C C C			
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)						
2015 12 16	FIRST NAME	The state of the s	MIDDLE NAME			
	AND A CO		//			
GOSSELIN	Trigerina		PHONE NO.			
FINANCIAL AGENT MAILING ADDRESS	112	0 1	1004 793 5914			
44835 Keith	M120	I DOOTH CODE	PHONE NO. LOH 793 5714  EMAIL (IF AVAILABLE)  CANCELING OSCINOW YEW. CA			
CITY/TOWN CI 11 " I		POSTAL CODE	EMAIL (IL AVAILABLE)			
Chilliwace		VBR 1379	Lincelinagosschi(w Yew- ca)			
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)						
THE PART OF THE PA	FIRST NAME	The state of the s	MIDDLE NAME			
FINANCIAL AGENT'S LAST NAME	FIRST IVAIVE		WIDDLE WAND			
CANANCIAL ACENT MAILING ADDRESS PHONE NO.						
FINANCIAL AGENT MAILING ADDRESS	THORE NO.					
		Inorth cont	CAMAN (IE AVAN ARIE)			
CITY/TOWN 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 <b>4</b> 1	POSTAL CODE	EMAIL (IF AVAILABLE)			
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)						
EFFECTIVE DATE OF APPOINTMENT (TTTTMM/TOD)						
FINANCIAL ACENTO LACT MALE	FIRST NAME		MIDDLE NAME			
FINANCIAL AGENT'S LAST NAME	1 IND 1 MAINE	4				
ENAMORAL AGENT LIMITING AGGREGO		· · · · · · · · · · · · · · · · · · ·	PHONE NO.			
FINANCIAL AGENT MAILING ADDRESS						
ON VITAINII		POSTAL CODE	EMAIL (IF AVAILABLE)			
CITY/TOWN		1	Person (10 fe) 1 111 (10 comm)			
The state of the s	Nowaka wa kaji na 1966 ka naje 1821					
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)						
FINANCIAL AGENT'S LAST NAME	FIRST NAME		MIDDLE NAME			
The state of the property of the state of 177 MILE.						
FINANCIAL AGENT MAILING ADDRESS PHONE NO.						
CHARLOWERS HARRING ADDITES						
OTVITOWN	, yp	POSTAL CODE	EMAII. (IF AVAILABLE)			
CITY/TOWN			, , , , , ,			
<u> </u>	1. V. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	<u> </u>	Name of the second seco			