# 4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT LOCAL ELECTIONS CANDIDATE

### ELECTIONS A non-partisan Office of the Legislature

#### PLEASE PRINT IN BLOCK LETTERS

Amendment #

| CANDIDATED                                                         |                                                           |
|--------------------------------------------------------------------|-----------------------------------------------------------|
| CANDIDATE'S FULL NAME                                              | GENERAL VOTING DAY (YYYY/MM/DD)                           |
| Denise Paulette                                                    | Terry 2016 01 16                                          |
| BALLOT NAME (IF DIFFERENT FROM ABOVE)                              |                                                           |
| MALING APPEARS                                                     | OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.)                    |
| MAILING ADDRESS                                                    | y. SD. Trustee                                            |
| 1 180 Box 912                                                      | PHONE NO.                                                 |
| CITY/,TOWN                                                         | 250-265-1916                                              |
| 11 41 - 12                                                         | POSTAL CODE EMAIL (IE AVAIL ARLE)                         |
| Nakusp BC                                                          | VOGIRO dpery 6 but oncity co                              |
| JURISDICTION                                                       | The party of our vor carga a                              |
|                                                                    |                                                           |
| ELECTORY ADDAUGANT                                                 | row lakes                                                 |
| School DISTACT #10 Arr                                             | ICABLE)                                                   |
| Trustec (on trad 200                                               | 1                                                         |
| BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)      |                                                           |
| 5D#-10                                                             |                                                           |
| LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)       |                                                           |
| $11 \rightarrow Cd$                                                |                                                           |
| JUN001 91511107 7 16                                               |                                                           |
| FINANCIAL AGENT'S LAST NAME FIRST NAME                             | MICOLE                                                    |
| Perry Denise                                                       | MIDDLE NAME                                               |
| FINANCIAL AGENTS MAILING ADDRESS  FINANCIAL AGENTS MAILING ADDRESS |                                                           |
| Box 912                                                            | PHONE NO.                                                 |
| CITY/TOWN                                                          | POSTAL CODE EMAIL (IF AVAILABLE)                          |
|                                                                    | POSTAL CODE EMAIL (IF AVAILABLE)                          |
| Nakusp                                                             | VOG IRO deemy a burtoncity or                             |
| EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)                         |                                                           |
| N/A 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 |
|                                                                    | - The standard was registered as a triffic party sponsor  |
| This disclosure statement includes the following forms:            |                                                           |
|                                                                    |                                                           |
| Declarations and Campaign Accounts - Form 4221                     | C C L Summany of Flection Expenses                        |
|                                                                    | SERVICE BC SERVICE BC                                     |
| Statement of Income and Expenses - Form 4222                       | Transfers Given to Elector Organization - Form 4230       |
|                                                                    | Form 4230                                                 |
| Summary of Campaign Contributions by Class - Form 4223             | ADD 15 20 Other Permissible Payments - Form 4231          |
| No.                                                                | Form 4231                                                 |
| Significant Contributors (\$100 or more) - Form 4224               | AN OFFICIAL NECEIPT                                       |
| trans;                                                             | Shared Election Expense - Form 4232                       |
| Prohibited Campaign Contributions - Form 4225                      | Transfers Behavior Condidate's Cond                       |
|                                                                    | Fransfers 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                             |                                                           |
| - Form 4227                                                        | Free Advertising from Jurisdiction — Form 4235            |
| Fundraising Function Ticket Sales - Form 4228                      |                                                           |
|                                                                    | Previous Financial Agents - Form 4236                     |
|                                                                    |                                                           |

### 4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT

#### LOCAL ELECTIONS CANDIDATE

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| SEF | AM | END | MEN. |

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|                                                                |                      | _                                     | *** E ( 10 1)        | Amendment #                  |
|----------------------------------------------------------------|----------------------|---------------------------------------|----------------------|------------------------------|
| CANDIDATE'S FULL NAME                                          | 3 1 1                |                                       | locus                |                              |
| BALLOT NAME (IF DIFFERENT EDOMADO)                             | Mette                | Terry                                 | 2016                 | ING DAY YYYY/MM/DD)          |
| BALLOT NAME (IF DIFFERENT FROM ABOVE)                          |                      |                                       | OFFICE SOUGI         | HT MAYOR, COUNCILLOR ETC.)   |
| MAILING ADDRESS                                                |                      | · · · · · · · · · · · · · · · · · · · | 15.D.                | Trustee                      |
| 180 Box 912                                                    |                      |                                       | PHONE NO.            | 265-1916                     |
| Nakusp BC                                                      |                      | POSTAL CODE                           | EMAIL (IF AVAIL      | ARIE                         |
|                                                                |                      | V06/11/0                              | dpen                 | 16 burtoncity.co             |
| JURISDICTION                                                   |                      |                                       | /'                   |                              |
| School DISTACT ## ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELEC | 10 Arr               | ow lakes                              |                      |                              |
| Truster C +                                                    | ORAL AREA (IF APPLI) | CABLE)                                |                      |                              |
| BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION                  | ON (IS APPLICABLE)   | <u> </u>                              |                      |                              |
| JD#10                                                          |                      |                                       |                      |                              |
| LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION                   | N (IF APPLICABLE)    |                                       |                      |                              |
| School Distric                                                 | t # 10               | <u> </u>                              |                      |                              |
| FINANCIAL AGENT'S LAST NAME                                    | IRST NAME            |                                       | MIDDLE NAME          |                              |
| FINANCIAL AGENT'S MAILING ADDRESS                              | Den se               |                                       | O NAIVE              |                              |
| FINANCIAL AGENT'S MAILING ADDRESS                              | /                    | <del>/</del> -                        | PHONE NO.            |                              |
| CITY/TOWN                                                      |                      |                                       | 25/2-                | 215-1916                     |
| Nakusp                                                         |                      | POSTAL CODE                           | EMAIL (IF AVAILA     | BLE)                         |
| EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)                     |                      | UOG 1120                              | drem                 | DL5-1916 BLE)  Durtoncity-Co |
| N/A                                                            | If there             | were previous financia                | agents, com          | Diete form 4236              |
| Tick if candidate acted as their own financial                 |                      |                                       | <del> </del>         |                              |
|                                                                | /                    | Tick if candidate wa                  | is registered as     | s a third party sponsor      |
| This disclosure statement includes the following for           | erms:                |                                       |                      |                              |
| Declarations and Campaign Accounts -                           | Form 4221            | S C S I \Summarv                      | of Election Ev       | 200000 Farry 4000            |
| Statement of Income and Expenses -                             | Form 4222            | SERVICE BC                            | - Froodon Exp        | Derises - Form 4229          |
|                                                                | <u> </u>             | 5 (9a/2) • • • • • • • • •            | 3                    | ization – Form 4230          |
| Summary of Campaign Contributions by Class -                   |                      | #15 15 ColOther P                     | ermissible Pay       | ments - Form 4231            |
| Significant Contributors (\$100 or more) -                     | Form 4224 RANS       | T AN OFFICIAL RECEIPT<br>Shai         | red Election Ex      | pense – Form 4232            |
| Prohibited Campaign Contributions -                            | _                    | ransfers Between Candi                | —J<br>date's Own Acc | counts - Form 4233           |
| Transfers Received from Elector Organization -                 |                      |                                       |                      | Funds - Form 4234            |
| Other Permissible Deposits -                                   | Form 4227            |                                       |                      |                              |
|                                                                |                      | Free Advertis                         | sing from Jurisc     | liction - Form 4235          |
| Fundraising Function Ticket Sales – I                          | Form 4228            | Previo                                | ous Financial A      | gents - Form 4236            |

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



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| NAME OF CANDIDATE  DENTSE PAULETTE                                                                                                                                             | PERRY                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
|                                                                                                                                                                                |                                                                   |
| Declaration:                                                                                                                                                                   |                                                                   |
| <ol> <li>the undersigned, declare that to the best of my knowledge and belief, this disclosi<br/>required under the Local Elections Campaign Financing Act (LECFA).</li> </ol> | ure statement completely and accurately discloses the information |
| SIGNATURE OF CANDIDATE                                                                                                                                                         | DATE: (YYYY/MM/DD)                                                |
| Dense Herry                                                                                                                                                                    | · · · · · · · · · · · · · · · · · · ·                             |
| PRINTED NAME OF CANDIDATE                                                                                                                                                      | 2016 03 28                                                        |
| PRINTED NAME OF CANDIDATE  DLD: S.E. PErry                                                                                                                                     |                                                                   |
|                                                                                                                                                                                |                                                                   |
| SIGNATURE OF FINANCIAL AGENT                                                                                                                                                   | DATE: (YYYY/MM/DD)                                                |
| PRINTED NAME OF THANKS                                                                                                                                                         | 101/ 200                                                          |
| PRINTED NAME OF FINANCIAL AGENT Denise Plerry                                                                                                                                  | 100,000                                                           |
| Denise Plem                                                                                                                                                                    |                                                                   |
|                                                                                                                                                                                |                                                                   |
| Campaign accounts:                                                                                                                                                             | **                                                                |
|                                                                                                                                                                                |                                                                   |
| NAME OF SAVINGS INSTITUTION                                                                                                                                                    |                                                                   |
| ADDRESS                                                                                                                                                                        |                                                                   |
| ADDRESS /                                                                                                                                                                      |                                                                   |
|                                                                                                                                                                                |                                                                   |
| AME OF SAVINGS INSTITUTION                                                                                                                                                     |                                                                   |
| NDDRESS /                                                                                                                                                                      |                                                                   |
| DDRESS                                                                                                                                                                         |                                                                   |
|                                                                                                                                                                                |                                                                   |
| AME OF SAVINGS INSTITUTION                                                                                                                                                     |                                                                   |
| NIA                                                                                                                                                                            |                                                                   |
| DDRESS                                                                                                                                                                         |                                                                   |
|                                                                                                                                                                                |                                                                   |
| AME OF SAVINGS INSTITUTION                                                                                                                                                     |                                                                   |
| IV A                                                                                                                                                                           |                                                                   |
| DDRESS                                                                                                                                                                         |                                                                   |
|                                                                                                                                                                                |                                                                   |
|                                                                                                                                                                                |                                                                   |

Fig. 50 Fig. 5

This form is available for public inspection.

ORIGINAL — ELECTIONS BC

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This information is collected to administer the Local Elections Campaign Financing Act.

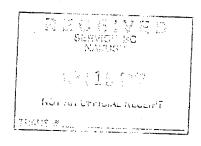
Questions? Contact: Privacy Officer, Elections BC

1-800-661-8683 PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6

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



| ME OF CANDIDATE Denise Perry                                                            |          |
|-----------------------------------------------------------------------------------------|----------|
| Total value of campaign contributions from all sources (from box C on form 422          | 3)       |
| Transfers received from elector organization (from box A on form 422)                   | 6)       |
| Total other permissible deposits (from box A on form 422)                               |          |
| Transfers from candidate's own accounts in other jurisdictions (from box A on form 4233 |          |
| Total Income (sum of above boxes                                                        |          |
|                                                                                         | •        |
| 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                               | ø Ø      |
| Transfers to candidate's own accounts in other jurisdictions (from box B on form 4233)  | <b>B</b> |
| Amount of surplus funds disbursed (from box A on form 4234)                             | d        |
| Total Expenditures (sum of above boxes)                                                 | 7/       |



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



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| NAME OF CANDIDATE                                                                        |         |       |
|------------------------------------------------------------------------------------------|---------|-------|
| Total value of campaign contributions from all sources (from box C on form 4223          | V \$    | ]     |
| Transfers received from elector organization (from box A on form 4226)                   | ø       | ]     |
| Total other permissible deposits (from box A on form 4227)                               | B       |       |
| Transfers from candidate's own accounts in other jurisdictions (from box A on form 4233) | d       |       |
| Total Income (sum of above boxes)                                                        | d       | Α     |
| Election expenses (from box A on form 4229)                                              |         | 1     |
| Transfers to elector organization (from box A on form 4230)                              | <u></u> |       |
| Total other permissible payments (from box A on form 4231)                               |         |       |
| Transfers to candidate's own accounts in other jurisdictions (from box B on form 4233)   | g g     | !<br> |
| Amount of surplus funds disbursed (from box A on form 4234)                              | d       |       |
| Total Expenditures (sum of above boxes)                                                  | 7       | В     |
|                                                                                          | ι ——    | _     |



#### **SEE AMENDMENT**

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



|                                                         | NAME OF CANDIDATE                  |
|---------------------------------------------------------|------------------------------------|
| y.                                                      | NAME OF CANDIDATE Denise Perry     |
|                                                         |                                    |
| All Contributions                                       |                                    |
| Individuals 4                                           |                                    |
| Corporations #                                          |                                    |
| ated Business/Commercial Organizations                  | Unincorporated (                   |
| Trade Unions                                            |                                    |
| Non-profit Organizations                                |                                    |
| Other Identifiable Contributors                         |                                    |
| Total \$                                                |                                    |
| Anonymous contributions \$ \$ E                         |                                    |
| Total contributions (A + B) \$                          |                                    |
| ons (must equal box <b>A on all</b> forms <b>4224</b> ) | Total significant contributions (n |
| Total contributions of less than \$100 \$               |                                    |
| of contributors who gave less than \$100 #              | Number of co                       |
| Number of anonymous contributors #                      | · . •                              |



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

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| NAME OF CANDIDATE |                                                                      |        |
|-------------------|----------------------------------------------------------------------|--------|
| - SANDIDATE       |                                                                      |        |
|                   |                                                                      |        |
|                   | SEE AMENDMENT Individuals  All Contrib                               | utions |
|                   | Corporations #                                                       |        |
|                   | Unincorporated Business/Commercial Organizations                     |        |
|                   | Trade Unions                                                         |        |
|                   | Nøn-profit Organizations                                             |        |
|                   | Other Identifiable Contributors                                      |        |
|                   | Total \$                                                             |        |
|                   | Anonymous contributions \$                                           |        |
|                   | 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 #                    |        |
|                   | Number of anonymous contributors #                                   |        |
|                   | # 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                             |        |
|                   | NOT an or notice testant                                             |        |
|                   | TENES #                                                              |        |

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

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| ME OF CANDIDATE                                 |                | PAULET                                                      | · 0 -                            | (00.1                         |                    | PAGE                                  |
|-------------------------------------------------|----------------|-------------------------------------------------------------|----------------------------------|-------------------------------|--------------------|---------------------------------------|
|                                                 |                |                                                             | ) E PE                           | ERRY                          |                    | OF                                    |
| DATE OF<br>ONTRIBUTION<br>'YYY/MM/DD)           | (For class 2.  | OF CONTRIBUTOR<br>3, 4, 5 & 6, include<br>of two directors) | ADDRESS OF C<br>(For class 2, 3, | CONTRIBUTOR<br>4, 5 & 6 only) | CLASS*             | VALUE OF<br>CONTRIBUTION              |
| NA                                              | NA             | 7                                                           | NA                               |                               | NA                 | NA                                    |
|                                                 |                |                                                             |                                  |                               |                    |                                       |
|                                                 |                |                                                             |                                  |                               |                    |                                       |
|                                                 |                |                                                             |                                  |                               |                    | · · · · · · · · · · · · · · · · · · · |
|                                                 |                |                                                             |                                  |                               |                    |                                       |
|                                                 |                |                                                             |                                  |                               |                    |                                       |
|                                                 |                |                                                             |                                  |                               |                    |                                       |
|                                                 |                |                                                             |                                  |                               |                    |                                       |
|                                                 |                |                                                             |                                  |                               |                    |                                       |
|                                                 |                |                                                             |                                  |                               |                    | · · · · · · · · · · · · · · · · · · · |
|                                                 | ,              |                                                             |                                  |                               |                    |                                       |
|                                                 |                |                                                             |                                  |                               |                    |                                       |
|                                                 |                |                                                             |                                  |                               |                    |                                       |
|                                                 |                |                                                             |                                  |                               |                    |                                       |
|                                                 |                |                                                             |                                  |                               |                    |                                       |
| ED, ATTACH ADDITION                             | VAL FORMS      |                                                             |                                  |                               |                    |                                       |
| S OF CONTRIBUTOR:                               | ATION 2 LINING | RPORATED BUSINESS/CON<br>TON, 6 – OTHER IDENTIFIAE          | MERCIAL ORGANIZATION             | CONTRI                        | TOTAL<br>BUTIONS A |                                       |
|                                                 |                | NOT HE OFFICIAL IN                                          | į                                |                               | <u> </u>           |                                       |
| is available for public ins<br>L — ELECTIONS BC | spection.      | TPANS #                                                     |                                  | ected to administer the I     | logal Classics of  |                                       |

This form is available to purchase ORIGINAL — ELECTIONS BC PLEASE KEEP A COPY FOR YOUR RECORDS

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

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



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| ,                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                      |        |                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------|--------|----------------------------------|
| NAME OF CANDIDATE                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                      |        |                                  |
| DENISE P                                                                                                                                          | AULETT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | F PF-101                | 21/                  |        | PAGE                             |
|                                                                                                                                                   | TO COE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | LILIKA                  | <del></del>          |        | OF                               |
| NSTRUCTIONS: Complete one s                                                                                                                       | sheet for each probit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ited campaign son       | duiberdien een een e |        |                                  |
| Attach addition                                                                                                                                   | al forms if necessar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | vica campaign con<br>V. | winding teceived.    |        |                                  |
| <b>4</b> / / A                                                                                                                                    | reved of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | contribu                | 4                    |        |                                  |
|                                                                                                                                                   | /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CONTRICO                | 01/005               |        |                                  |
| RECEIVED FROM                                                                                                                                     | DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |                      |        |                                  |
| INDIVIDUAL ORGANIZATION                                                                                                                           | RECEIVED<br>(YYYY/MM/DD)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$ VALUE                | DATE<br>RETURNED     | OR     | DATE REMITTED TO<br>ELECTIONS BC |
|                                                                                                                                                   | (1711/1111/120)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         | (YYYY/MM/DD)         |        | (YYYY/MM/DD)                     |
| ANONYMOUS                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                      |        |                                  |
|                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                      |        |                                  |
| DESCRIPTION OF HOW THE PROHIBITED C                                                                                                               | ONTRIBUTION WAS BECEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | /50                     |                      |        |                                  |
|                                                                                                                                                   | - THE THE PLANT THE PARTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | /EU                     |                      |        |                                  |
|                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | /EU                     |                      |        |                                  |
|                                                                                                                                                   | TOTAL TIME TREATMENT OF THE PROPERTY OF THE PR | /EU                     |                      |        |                                  |
|                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         | d from ! !! !        |        |                                  |
| Complete this field if the prohibi                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         | d from an individual | :      |                                  |
| Complete this field if the prohibi                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         | d from an individual | :      |                                  |
| Complete this field if the prohibi                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         | d from an individual | :      |                                  |
| Complete this field if the prohibit                                                                                                               | ted campaign contril                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | oution was received     |                      |        |                                  |
| Complete this field if the prohibit NAME OF INDIVIDUAL Complete these fields if the proh                                                          | ted campaign contril                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | oution was received     |                      |        |                                  |
| Complete this field if the prohibit NAME OF INDIVIDUAL Complete these fields if the proh                                                          | ted campaign contril                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | oution was received     |                      | ation: | CLASS*                           |
| Complete this field if the prohibit NAME OF INDIVIDUAL  Complete these fields if the prohibit NAME OF ORGANIZATION                                | ted campaign contril                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | oution was received     |                      | ation: | CLASS*                           |
| Complete this field if the prohibit NAME OF INDIVIDUAL  Complete these fields if the prohibit NAME OF ORGANIZATION                                | ted campaign contril                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | oution was received     |                      | ation: | ilass*                           |
| Complete this field if the prohibit NAME OF INDIVIDUAL  Complete these fields if the prohibit NAME OF ORGANIZATION  MAILING ADDRESS               | ted campaign contril                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | oution was received     |                      | ation: | CLASS*                           |
| Complete this field if the prohibit NAME OF INDIVIDUAL  Complete these fields if the prohibit NAME OF ORGANIZATION  MAILING ADDRESS               | ted campaign contril                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | oution was received     | ved from an organiz  | ation: | CLASS*                           |
| Complete this field if the prohibit NAME OF INDIVIDUAL  Complete these fields if the proh NAME OF ORGANIZATION  MAILING ADDRESS  NAME OF DIRECTOR | ted campaign contril                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | oution was received     | ved from an organiz  | ation: | CLASS*                           |

1 – 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                   | VISE PAULETT                         | E PERRY                       | PAGE                 |
|-------------------------------------|--------------------------------------|-------------------------------|----------------------|
| DATE OF<br>TRANSFER<br>(YYYY/MM/DD) | BALLOT NAME OF ELECTOR ORGANIZATION* | DESCRIPTION (IF NON-MONETARY) | VALUE OF<br>TRANSFER |
| NA                                  | NA                                   | v A                           | NA                   |
|                                     |                                      |                               |                      |
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|                                     | SCORE OF SCORE                       |                               |                      |
| include legal name if differ        |                                      | TOTAL                         | A                    |

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

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



| DATE<br>(YYYY/MM/DD)                                                                                 | TYPE*               | DESCRIPTION                              |         | AMOUNT |
|------------------------------------------------------------------------------------------------------|---------------------|------------------------------------------|---------|--------|
| NA                                                                                                   | NA                  | NA                                       |         | NA     |
|                                                                                                      |                     |                                          |         |        |
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|                                                                                                      |                     |                                          |         |        |
| rest<br>ridends of shares paic<br>rplus funds from previ<br>ndraising income not r<br>her (describe) | ous election return | ed by jurisdiction<br>naign contribution | TOTAL A | NA     |

#### 4228 - FUNDRAISING FUNCTION TICKET SALES

#### LOCAL ELECTIONS CANDIDATE

PLEASE PRINT IN BLOCK LETTERS

SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD



| NAME OF CANDIDATE  DENISE PAUL                                                                         | ETTE                                     | PERRY                                 |                            | PAGE                                      |
|--------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------|----------------------------|-------------------------------------------|
| DATE OF EVENT (YYYY/MM/DD) DESCRIPTIO                                                                  | ON OF FUNDRAISING E                      | VENT                                  |                            | OF                                        |
| N/A                                                                                                    | NA                                       | A 171 A E                             |                            |                                           |
| Income reported as campaign contribution                                                               | ens                                      |                                       |                            |                                           |
|                                                                                                        | Number of<br>Tickets Sold                | Charge<br>per Ticket                  | Total Charges<br>Collected | Tick if<br>Charge per<br>Ticket<br>Varies |
| Purchases by organizations                                                                             |                                          |                                       |                            |                                           |
| Purchases by individuals of more than<br>\$250 worth of tickets<br>Purchases by individuals of tickets |                                          |                                       |                            | ,                                         |
| that are more than \$50 each                                                                           |                                          |                                       |                            |                                           |
| Total in                                                                                               | ncome reported as                        | campaign contributions                |                            |                                           |
|                                                                                                        |                                          |                                       |                            |                                           |
| Remember to report all campaign contribution and if applicable, on form 4224 - Signification           | utions on form 42<br>nt Contributors (\$ | 23 - Summary of Camp<br>100 or more). | paign Contribution         | ns by Class,                              |
| Other income not reported as campaign c                                                                | ontributions                             | ·                                     |                            |                                           |
|                                                                                                        | Number of<br>Tickets Sold                | Charge<br>per Ticket                  | Total Charges<br>Collected | Tick if<br>Charge per<br>Ticket<br>Varies |
| Purchases by individuals of tickets of \$50 or less                                                    |                                          |                                       |                            |                                           |
|                                                                                                        |                                          |                                       |                            |                                           |
|                                                                                                        |                                          |                                       |                            |                                           |

## 4229 - SUMMARY OF ELECTION EXPENSES LOCAL ELECTIONS CANDIDATE



| NAME OF CANDIDATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
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| DENISE PAULETTE PERR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ) V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         |
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| ADVERTISING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Election<br>Expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Election Proceedings<br>Period Expenses |
| Brochures, pamphlets and flyers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Ø                                       |
| Internet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Ø                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 0                                       |
| Newspaper, magazine, journal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| Radio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2                                       |
| Signs and billboards                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |
| Television                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 7                                       |
| Other advertising                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | The state of the s |                                         |
| CAMPAIGN ADMINISTRATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | J                                       |
| Salaries and wages                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1                                       |
| Rent, insurance and utilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 178                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         |
| Courier and postage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1                                       |
| Furniture and equipment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 9/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1/2                                     |
| Office supplies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | - P                                     |
| Professional services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 9,                                      |
| Other campaign administration expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | - J                                     |
| Conventions and meetings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |
| Other campaign related functions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| Research and polling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | - South                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                         |
| Interest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 7                                       |
| EXCLUSIONS THAT MUST BE REPORTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <del>- y</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 7                                       |
| Personal election expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | · //                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         |
| Interest on loans for election expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | d                                       |
| Legal and accounting services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 7<br>8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 9                                       |
| Financial agent services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 9                                       |
| Other expenses (describe)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | P                                       |
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| And the second s |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| Iotal Expenses   A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | BNA                                     |
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| olumn A - Report the value of all election expenses for goods and services used in the campaign period.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| olumn B - Report the value of all election expenses for goods and services used in the election proceeding                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | s period.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |
| The second secon |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |

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



| DATE OF<br>TRANSFER<br>(YYYY/MM/DD) | BALLOT NAME OF ELI      | ECTOR ORGANIZATION* | DESCRIPTION (IF NON-MONETAR | (YALUE OF    |
|-------------------------------------|-------------------------|---------------------|-----------------------------|--------------|
| NA                                  | NA                      |                     | NL                          | INANSFEN     |
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| clude legal name if diff            | erent than ballot name. | <del></del>         |                             | TOTAL A WA S |
|                                     | inspection: 1459 4      | Commence Service of |                             |              |

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



|                                                                 |                                         | E PAULETTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       | OF     |
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| DATE<br>(YYYY/MM/DD)                                            | TYPE*                                   | DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |       | AMOUNT |
| <b>P</b>                                                        | P                                       | J. Comments of the comment of the co |       | Ø      |
|                                                                 |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |        |
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| ink fees<br>ended election expens<br>yments made for fund       | se that was not use<br>raising purposes |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TOTAL | A      |
| mination deposit<br>her (describe)<br>n is available for public |                                         | This information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       | /      |

### 4232 - SHARED ELECTION EXPENSE LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

SUBMIT A SEPARATE FORM FOR EACH SHARED ELECTION EXPENSE

| 5E P.                | AUZETTE                  | = PER                                                                                                                                                                                                | <br>2/24                                                                                                                                                                                                                                                                                                                                   | PAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| A                    |                          |                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                            | OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                      | Tota                     | l value of shared                                                                                                                                                                                    | election expense                                                                                                                                                                                                                                                                                                                           | Ø                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                      | Candidate's p            | ortion of shared e                                                                                                                                                                                   | election expense*                                                                                                                                                                                                                                                                                                                          | P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                      | Amount pa                | aid directly to sup                                                                                                                                                                                  | plier (if applicable)                                                                                                                                                                                                                                                                                                                      | Ø                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                      | Amount of reimburs       | ements given to                                                                                                                                                                                      | other candidate(s)                                                                                                                                                                                                                                                                                                                         | B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                      | Amount of reimburseme    | nts received from                                                                                                                                                                                    | other candidates                                                                                                                                                                                                                                                                                                                           | ø                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                      |                          |                                                                                                                                                                                                      | expense on form 4229                                                                                                                                                                                                                                                                                                                       | - Summary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                      |                          |                                                                                                                                                                                                      | MIDDLE NA                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| <del>-   -  </del> - |                          |                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                      | 6 Mm ( - Reg<br>m ( - 1) |                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                      | de your port             | Candidate's p  Amount pa  Amount of reimburs  Amount of reimburseme  de your portion of the shared expens  lates with whom the expense was shared  FIRST NAME  A  A  A  A  A  A  B  A  A  B  A  B  B | Total value of shared  Candidate's portion of shared of Amount paid directly to sup  Amount of reimbursements given to  Amount of reimbursements received from the your portion of the shared expense as an election lates with whom the expense was shared:  FIRST NAME  A  A  A  A  B  FIRST NAME  A  A  A  A  A  A  A  A  A  A  A  A  A | FIRST NAME MIDDLE NAME  MA  MA  MA  MA  MA  MIDDLE NAME  MIDDLE NAME |

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



LOCAL ELECTIONS CANDIDATE
PLEASE PRINT IN BLOCK LETTERS

|                         | ite's own campaign accounts in same jurisdiction | · · · · · · · · · · · · · · · · · · · |
|-------------------------|--------------------------------------------------|---------------------------------------|
|                         | PURPOSE                                          | AMOUNT                                |
|                         |                                                  | P                                     |
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| STORE STORE CANDIDATES  | own campaign accounts in other jurisdictions     |                                       |
| (YYYY/MM/DD)            | PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)     | AMOUNT                                |
|                         |                                                  | Ø                                     |
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|                         |                                                  | TOTAL A                               |
| Sters to candidate's ow | n campaign accounts in other jurisdictions       |                                       |
| WILL OF HAMROLEIN       | PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)     | AMOUNT                                |
| (YYYY/MM/DD)            |                                                  | \$                                    |
| (YYYY/MM/BD)            |                                                  |                                       |
| (YYYY/MM/DD)            |                                                  |                                       |
| (YYYY/MM/DD)            |                                                  |                                       |
|                         |                                                  |                                       |

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



PLEASE PRINT IN BLOCK LETTERS

| NAME OF CANDIDATE  DENT   | SE PAULETTE PERRY                                                                                                                        |        |   |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------|---|
|                           | Balance remaining in campaign account(s) after payment of all expenses                                                                   | \$     | A |
|                           | Total amount of campaign contributions from candidate                                                                                    | B      | В |
| Amount reimbursed to can  | didate from campaign account for the candidate's contributions to their campaign                                                         | Ø      | С |
|                           | Date of reimbursement to candidate (YYYY/MM/DD)                                                                                          | Þ      |   |
|                           | Amount of remaining surplus funds (after any reimbursement under box C)                                                                  | 7      | 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 D is | s less than \$500 provide details of how it was disbursed.                                                                               |        |   |
| DATE<br>(YYYY/MM/DD)      | DESCRIPTION                                                                                                                              | AMOUNT |   |
| 9NA                       | NA                                                                                                                                       | Z      |   |
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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

# 4235 - FREE ADVERTISING FROM JURISDICTION LOCAL ELECTIONS CANDIDATE



| DENTSE PAULETTE PERRY  Free advertising provided by jurisdiction |              |                                              |  |  |
|------------------------------------------------------------------|--------------|----------------------------------------------|--|--|
| VATE ADVERTISING VAS TRANSMITTED (YYYY/MM/DD)                    | JURISDICTION | MEANS OF TRANSMISSION (WEBSITE, FLYER, ETC.) |  |  |
| NA                                                               | NA           | NA.                                          |  |  |
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### 4236 - PREVIOUS FINANCIAL AGENTS LOCAL ELECTIONS CANDIDATE



| NAME OF CANDIDATE                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0           |                                                         |
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| T, DENTZE                        | PAULETTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | - PERR      | ? <b>/</b>                                              |
| EFFECTIVE DATE OF APPOINTMENT (  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                                         |
| NIA.                             | TTYT/MM/DD)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             |                                                         |
| FINANCIAL AGENT'S LAST NAME      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                                         |
| PERRY                            | FIRST NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             | MIDDLE NAME                                             |
|                                  | DENJS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | =           | $\rho$ .                                                |
| FINANCIAL AGENT MAILING ADDRESS  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | PHONE NO.                                               |
| Box 912                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | 250-265 1916                                            |
| CITY/TOWN                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | POSTAL CODE | EMAIL (IF AVAILABLE)                                    |
| NaKusic                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | VOG IRE     | 250-265 1916 EMAIL (IF AVAILABLE) Offery & burton city. |
| EFFECTIVE DATE OF APPOINTMENT (Y |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | Open 1 g & Suc 181. City ,                              |
|                                  | YYY/MM/DD)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             | en e                |
| FINANCIAL AGENT'S LAST NAME      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                                         |
| THANCIAL AGENTS EAST NAME        | FIRST NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             | MIDDLE NAME                                             |
| EINANGIA AGENTAMI                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                                         |
| FINANCIAL AGENT MAILING ADDRESS  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | PHONE NO.                                               |
| CITY/TOWN                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                                         |
| CITY/TOWN                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | POSTAL CODE | EMAIL (IF AVAILABLE)                                    |
|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | · ·                                                     |
| EFFECTIVE DATE OF APPOINTMENT (Y | 20/11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ·           |                                                         |
| NA                               | YYY/MM/DD)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |                                                         |
| FINANCIAL AGENT'S LAST NAME      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                                         |
| THE TOTAL TO LAST NAME           | FIRST NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             | MIDDLE NAME                                             |
| FINANCIAL AGENT MAILING ADDRESS  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                                         |
| WAILING ADDRESS                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | PHONE NO.                                               |
| CITY/TOWN                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | ·                                                       |
| 37.17.164414                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | POSTAL CODE | EMAIL (IF AVAILABLE)                                    |
|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                                         |
| FFECTIVE DATE OF APPOINTMENT (YY | YY/MM//DD)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |                                                         |
| NA                               | 1170007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                                                         |
| INANCIAL AGENT'S LAST NAME       | FIRST MANE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |                                                         |
|                                  | FIRST NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             | MIDDLE NAME                                             |
| INANCIAL AGENT MAILING ADDRESS   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                                         |
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| ITY/TOWN                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                                         |
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