4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT LOCAL ELECTIONS CANDIDATE



A non-partisan Office of the Legislatur	,
Amendment #	

CANDIDATE'S FULL NAME	GENERAL VOT(NG DAY (YYYY/MM/DD)
1 Capila Micale A	2016/04/0 8
BALLOT NAME (IF DIFFERENT FROM ABOVE)	OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.)
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Councillor.
MAILING ADDRESS	PHONE NO.
135 Shall Speare St	260-31.4-9925
CITY LTOWN POSTAL CODE	EMAIL (IF AVAILABLE)
I ral BS	
JURISDICTION	
wartield.	1
ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELECTORAL AREA (IF APPLICABLE)	
	1
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)	
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)	
(IF APPLICABLE)	
FINANOĮADAGENT'S LAST NAME FIRST NAME	
FIRST NAME FIRST NAME	MIDDLE NAME
FINANCIAL AGENT'S MAILING ADDRESS	
	PHONE NO.
CITY/TOWN POSTAL CODE	EMAIL (IF AVAILABLE)
,	, and the second
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)	
il there were previous financi	al agents, complete form 4236.
Tick if candidate acted as their own financial agent Tick if candidate v	vas registered as a third party sponsor
	as a tillio party sponsor
This disclosure statement includes the following forms:	
Declarations and Campaign Accounts — Form 4221 Summa	ny of Election Evenence
— /	ry of Election Expenses - Form 4229
Statement of Income and Expenses - Form 4222 V Transfers Given	to Elector Organization - Form 4230
Summary of Campaign Contributions by Class - Form 4223 V	Permissible Douments 5 4004
	Permissible Payments - Form 4231
Significant Contributors (\$100 or more) - Form 4224	nared Election Expense - Form 4232
Prohibited Campaign Contributions - Form 4225 Transfers Between Can	
Transfers Between Can	didate's Own Accounts - Form 4233
Transfers Received from Elector Organization - Form 4226 Disburse	ment of Surplus Funds - Form 4234
	Tom 4234
Other Permissible Deposits - Form 4227 Free Adver	rtising from Jurisdiction - Form 4235
Fundraising Function Ticket Sales - Form 4228 V	
Pre	vious Financial Agents - Form 4236

4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE CAPUS.	
Declaration;	
II, the undersigned, declare that to the best of my knowledge and belief, this disclosure statement completely and a required under the Local Elections Campaign Financing Act (LECFA).	ccurately discloses the information
SIGNATURE OF CANDIDATE	DATE: (YYYY/MM/DID)
PRINTED NAME OF CANDIDATE CAPUTO.	
SIGNATURE OF FINANCIAL AGENT	DATE: {YYYY/MM/DD)
PRINTED NAME OF FINANCIAL AGENT	
Campaign accounts:	
NAME OF SAVINGS INSTITUTION	
ADDRESS	
NAME OF SAVINGS INSTITUTION	
ADDRESS	
NAME OF SAVINGS INSTITUTION	
ADDRESS	
NAME OF SAVINGS INSTITUTION ADDRESS	Action of the Control
AUURESS	

4222 - STATEMENT OF INCOME AND EXPENSES LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE / CO/P Capulo.	(
Total value of campaign contributions from all sources (from box C on form 4223)	MA
Transfers received from elector organization (from box A on form 4226)	NA
Total other permissible deposits (from box A on form 4227)	NA
Transfers from candidate's own accounts in other jurisdictions (from box A on form 4233)	NQ
Total Income (sum of above boxes)	N) A
Election expenses (from box A on form 4229)	ALR
Transfers to elector organization (from box A on form 4230)	NIA
Total other permissible payments (from box A on form 4231)	NA
Transfers to candidate's own accounts in other jurisdictions (from box B on form 4233)	MA
Amount of surplus funds disbursed (from box A on form 4234)	Ma
Total Expenditures (sum of above boxes)	MC B
	,

4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE CORPUTED :		
	All Contributions	
Individuals		
Corporations		
Unincorporated Business/Commercial Organizations		
Trade Unions		
Non-profit Organizations		1
Other Identifiable Contributors		1
Total	\$	Α
Anonymous contributions	\$	В
Total contributions (A + B)	\$	C
Total significant centributions (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	#	

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



IAME OF CANDIDATE	de Capité)		PAGE T
DATE OF CONTRIBUTION (YYYY/MM/DD)	FULL NAME OF CONTRIBUTOR (For class 2, 3, 4, 5 & 6, include full names of two directors)	ADDRESS OF CONTRIBUTOR (For class 2, 3, 4, 5 & 6 only)	CLASS*	VALUE OF CONTRIBUTION
	<u> </u>			
	W /	A		
	/			
		Ź		
EEDED, ATTACH ADDI ASS OF CONTRIBUTO INDIVIDUAL, 2 – CORE	TIONAL FORMS R: PORATION, 3 – UNINCORPORATED BUSINESSICON N-PROFIT ORGANIZATION, 6 – OTHER IDENTIFIAE	MMERCIAL ORGANIZATION CONTRA	TOTAL A	

4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE	ap vho	V			PAGE OF
INSTRUCTIONS: Complete one s Attach addition	heet for each prohibi al forms if necessary	ted campaign con	tribution received.		
RECEIVED FROM INDIVIDUAL ORGANIZATION ANONYMOUS	DATE RECEIVED (YYYY/MM/DD)	\$ VALUE	DATE RETURNED (YYYY/MM/DD)	OR	DATE REMITTED TO ELECTIONS BC (YYYY/MM/DD)
DESCRIPTION OF HOW THE PROHIBITED C	ONTRIBUTION WAS RECEIV	ED			
Complete this field if the prohibi NAME OF INDIVIDUAL	ted campaign contrib	ution was receive	d from an Individua		
Complete these fields if the proh	ibited campaign con	ribution was recei	ved from an organi	zation:	
NAME OF ORGANIZATION				(LASS*
MAILING ADDRESS					
NAME OF DIRECTOR		NAME OF DIRE	стоя		

^{*}CLASSES OF CONTRIBUTORS:

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

NAME OF CANDIDATE	10 Caputa		PAGE \
DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER
	t		
	1)/		
	NIT		
		·	
Also include legal name if di	fferent than ballot name.	TOTAL	A

4227 - OTHER PERMISSIBLE DEPOSITS TO CAMPAIGN ACCOUNT



LOCAL ELECTIONS CANDIDATE
PLEASE PRINT IN BLOCK LETTERS

DATE	TYPE*	DESCRIPTION		ANOUNT
1111/MW/JUD)		BESONIFILON		AMOUNT
)	
			/	
		5		
		10 1 1 0		***************************************
		1)	/	
				• .
		/		
				·
		-		144
	L			1

O - Other (describe)

4228 - FUNDRAISING FUNCTION TICKET SALES

LOCAL ELECTIONS CANDIDATE



SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD



NAME OF CANDIDATE	de			PAGE \
DATE OF EVENT (YYYY/MM/DD) DESCRIPTION	N OF FUNDRAISING EV	/ENT		
Income reported as campaign contribution	ns			Tick if
	Number of Tickets Sold	Charge per Ticket	Total Charges Collected	harge per Ticket Varies
Purchases by organizations				
Purchases by individuals of more than \$250 worth of tickets.				
Purchases by individuals of tickets that are more than \$50 each				
Total i	ncome reported as	campaign contribution	ns	
			<u> </u>	
Remember to report all campaign contrib and if applicable, on form 4224 - Significa	utions on form 42 nt Contributors (23 - Summary of Car \$100 or more).	npaign Contributions	by Class,
Other income not reported as campaign o				
Purchases by individuals of ∫	Number of Tickets Sold	Charge per Ticket	Total Charges Collected	Tick if Charge per Ticket Varies
tickets of \$50 or less				
		1		
	W	17		

4229 - SUMMARY OF ELECTION EXPENSES LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE	Capito.		
Y		Golumn A.	Column B
ADVERTISING		Election Expenses	Election Proceedings Period Expenses
	Brochures, pamphlets and flyers		
	Internet		,
	Newspaper, magazine, journal		
	Radio		
	Signs and billboards		
	Television		
	Other advertising		
CAMPAIGN ADMINISTRATION	1		
	Salaries and wages		
	Rent, insurance and utilities		
	Courier and postage		
	Furniture and equipment		
	Office supplies		
	Professional services		
	Other campaign administration expenses		
	Conventions and meetings		
	Other pampaign related functions		
	Research and polling		
	Interest		
EXCLUSIONS THAT MUST BE REPORTED			
	Personal election expenses		
	Interest on loans for election expenses		
	Legal and accounting services		
	Financial agent services		
Other expenses (describe)			
	7.		
	1		
	Total Expenses	A	В
	ı	***************************************	
Column A - Report the value of all election expense	s for goods and services used in the campaign peri	od.	
Column B - Report the value of all election expense	s for goods and services used in the election proce	edings period.	

4230 - TRANSFERS GIVEN TO ELECTOR ORGANIZATION LOCAL ELECTIONS CANDIDATE



OF CANDIDATE	ore Caputa	S	PAGE
DATE OF TRANSFER YYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER
,			
-			
1,01			
. ,			
Ide lengt come is in	fferent than ballot name.	TOTAL	A

4231 - OTHER PERMISSIBLE PAYMENTS FROM CAMPAIGN ACCOUNT



LOCAL ELECTIONS CANDIDATE
PLEASE PRINT IN BLOCK LETTERS

ME OPCANDIDATE	0/2	Carrie		PAGE	1
1910	$\frac{1}{2ic}$	Capos	T	OF	
DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AN	OUNT	
E: dank fees ntended election exper ayments made for fur tomination deposit Other (describe)	ense that was	not used	A		

This form is available for public inspection.

ORIGINAL — ELECTIONS BC

PLEASE KEEP A COPY FOR YOUR RECORDS

4232 - SHARED ELECTION EXPENSE

LOCAL ELECTIONS CANDIDATE





S. %	ELECTIONS A non-partisan Office of the Leg	F. J. J. J. Sept.
10 m	A non-partisan Office of the Leg	islature

NAME OF CANDIDATE	deq		PAGE \		
DESCRIPTION OF SHARED EXPENSE	V				
	Total value of shared	d election expense			
	Candidate's portion of shared	election expense*			
	Amount paid directly to supplier (if applicable)				
	Amount of reimbursements given to other candidate(s)				
	Amount of reimbursements received from	m other candidates			
*Note: Remember to include your porti Election Expenses. Full names of other candidates with wi		n expense on form 42	29 - Summary of		
LAST NAME	FIRST NAME	MIDDLE	NAME		

And the state of t

4233 - TRANSFERS BETWEEN CANDIDATE'S OWN CAMPAIGN ACCOUNTS



LOCAL ELECTIONS CANDIDATE
PLEASE PRINT IN BLOCK LETTERS

ME OF CANDIDATE	e Capito	PAGE OF
nsfers between candi	idate's own campaign accounts in same jurisdiction	
	PURPOSE	AMOUNT
		-
		\$
	NA	
nsfers from candidate	e's own campaign accounts in other jurisdigtions	
DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)	AMOUNT
<u> </u>	TOTAL	A
isfers to candidate's a	own campaign accounts in other jurisdictions	
DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)	AMOUNT
///		
	TOTAL	B
	The amounts in boxes A and B must be carried forward to form 4222.	

4234 - DISBURSEMENT OF SURPLUS FUNDS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE	sle Capul	
	Balance remaining in campaign account(s) after payment of all expenses	A
	Total amount of campaign contributions from candidate	В
Amount reimbursed t	to candidate from campaign account for the candidate's contributions to their campaign	С
	Date of reimbursement to candidate (YYYY/MM/DD)	
	Amount of remaining surplus funds (after any reimbursement under box C)	D
If the amount in E	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).	
	ox D is less than \$500 provide details of how it was disbursed.	
DATE (YYYY/MM/DD)	DESCRIPTION	AMQUNT
	NIA	

4235 - FREE ADVERTISING FROM JURISDICTION LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE	e Capte	5	
Free advertising provided by jurisdiction			
DATE ADVERTISING WAS TRANSMITTED (YYYY/MM/DD)	JURISDICTION	MEANS OF TRANSMISSION (WEBSITE, FLYER, ETC.)	
	7		
	,		
	NA	(
		1	
		•	
/	/		

4236 - PREVIOUS FINANCIAL AGENTS LOCAL ELECTIONS CANDIDATE



				7 11 4 1
NAME OF GANDIDATE	And the fall of the second section of the second	<u> </u>		
Nicole La	NOX			
				There is a second of the secon
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD		erge (j. 2524)		
			, , , , , , , , , , , , , , , , , , ,	
FINANCIAL AGENT'S LAST NAME	FIRST NAME		MIDDLE NAME	· · · · · · · · · · · · · · · · · · ·
			<i>/</i> ·	
FINANCIAL AGENT MAILING ADDRESS			PHONE NO.	
CITY/TOWN		POSTAL CODE	EMAIL (IF AVAILABLE)	
			/ · · · · · · · · · · · · · · · · · · ·	
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)		marita filozofia	erine and the second	
		91 - La / 200	d,	
FINANCIAL AGENT'S LAST NAME	FIRST NAME		MIDDLE NAME	
FINANCIAL AGENT MAILING ADDRESS		/	PHONE NO.	
		,	FRONE NO.	
CITY/TOWN		Income cond		
01177 OWN		POSTALCODE	EMAIL (IF AVAILABLE)	
			1 100 000	
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)	a /	. 1 ^		
, , , , , , , , , , , , , , , , , , ,	N			
FINANCIAL AGENT'S LAST NAME	FIRSTNAME			
THE RESIDENCE OF THE PROPERTY	FIRST NAME.		MIDDLE NAME	
FINANCIAL AGENT MAILING ADDRESS				
THANKOIALAGENT WAILING ADDRESS	/		PHONE NO.	
CITY/TOWN		POSTAL CODE	EMAIL (IF AVAILABLE)	
/				
EFFECTIVE DATE OF ADDOUGLASTIC CONTRACT	7			
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)				*
				41
FINANCIAL AGENT'S LAST NAME	FIRST NAME		MIDDLE NAME	
	,			•
FINANCIAL AGENT MAILING ADDRESS			PHONE NO.	
/				
CITY/TOWN		POSTAL CODE	EMAIL (IF AVAILABLE)	
/			,,,	