

4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

Amendment # _____

CANDIDATE'S FULL NAME Zachary L Eburne Steadley		GENERAL VOTING DAY (YYYY/MM/DD)
BALLOT NAME (IF DIFFERENT FROM ABOVE) Zan Eburne Steadley		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) COUNCILLOR
MAILING ADDRESS Box 36		PHONE NO. 250 442 3854
CITY / TOWN Grand Forks	POSTAL CODE V0H 1H0	EMAIL (IF AVAILABLE)

JURISDICTION
Grand Forks

ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELECTORAL AREA (IF APPLICABLE)

BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)

LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)

FINANCIAL AGENT'S LAST NAME Eburne Steadley	FIRST NAME ZAN	MIDDLE NAME L
FINANCIAL AGENT'S MAILING ADDRESS Box 36		PHONE NO. 250 442 3854
CITY / TOWN Grand Forks	POSTAL CODE N 1 C	EMAIL (IF AVAILABLE)
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)	If there were previous financial agents, complete form 4236.	

Tick if candidate acted as their own financial agent

Tick if candidate was registered as a third party sponsor

This disclosure statement includes the following forms:

Declarations and Campaign Accounts – Form 4221 <input checked="" type="checkbox"/>	Summary of Election Expenses – Form 4229 <input checked="" type="checkbox"/>
Statement of Income and Expenses – Form 4222 <input checked="" type="checkbox"/>	Transfers Given to Elector Organization – Form 4230 <input checked="" type="checkbox"/>
Summary of Campaign Contributions by Class – Form 4223 <input checked="" type="checkbox"/>	Other Permissible Payments – Form 4231 <input checked="" type="checkbox"/>
Significant Contributors (\$100 or more) – Form 4224 <input checked="" type="checkbox"/>	Shared Election Expense – Form 4232 <input checked="" type="checkbox"/>
Prohibited Campaign Contributions – Form 4225 <input checked="" type="checkbox"/>	Transfers Between Candidate's Own Accounts – Form 4233 <input checked="" type="checkbox"/>
Transfers Received from Elector Organization – Form 4226 <input checked="" type="checkbox"/>	Disbursement of Surplus Funds – Form 4234 <input checked="" type="checkbox"/>
Other Permissible Deposits – Form 4227 <input checked="" type="checkbox"/>	Free Advertising from Jurisdiction – Form 4235 <input checked="" type="checkbox"/>
Fundraising Function Ticket Sales – Form 4228 <input checked="" type="checkbox"/>	Previous Financial Agents – Form 4236 <input type="checkbox"/>

This form is available for public inspection.
ORIGINAL — ELECTIONS BC
 PLEASE KEEP A COPY FOR YOUR RECORDS

The information on this form is collected under the authority of the Local Elections Campaign Financing Act and the Freedom of Information and Protection of Privacy Act. It will be used to administer campaign financing rules. If you have questions about the collection, use or disclosure of this information, contact the Elections BC Privacy Officer at 1-800-661-9683, electionsbc@elections.bc.ca or PO Box 9275 Stn Prov Govt Victoria, BC V8W 9J6.

4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE ZAN EBURNE STODLEY

Declaration:

I, the undersigned, declare that to the best of my knowledge and belief, this disclosure statement completely and accurately discloses the information required under the *Local Elections Campaign Financing Act (LECFA)*.

SIGNATURE OF CANDIDATE 	DATE: (YYYY/MM/DD) 16 07 14
PRINTED NAME OF CANDIDATE ZAN EBURNE STODLEY	

SIGNATURE OF FINANCIAL AGENT 	DATE: (YYYY/MM/DD) 16 07 14
PRINTED NAME OF FINANCIAL AGENT ZAN EBURNE STODLEY	

Campaign accounts:

NAME OF SAVINGS INSTITUTION Grand Forks Credit Union
ADDRESS

NAME OF SAVINGS INSTITUTION
ADDRESS

NAME OF SAVINGS INSTITUTION
ADDRESS

NAME OF SAVINGS INSTITUTION
ADDRESS

4222 - STATEMENT OF INCOME AND EXPENSES
LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE ZAK EBUKRE STEADLEY

Total value of campaign contributions from all sources (from box C on form 4223)

Transfers received from elector organization (from box A on form 4226)

Total other permissible deposits (from box A on form 4227)

Transfers from candidate's own accounts in other jurisdictions (from box A on form 4233)

Total Income (sum of above boxes) **A**

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)

Transfers to candidate's own accounts in other jurisdictions (from box B on form 4233)

Amount of surplus funds disbursed (from box A on form 4234)

Total Expenditures (sum of above boxes) **B**

4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE

Zan Eburne Stealey

All Contributions

Individuals	0	
Corporations	0	
Unincorporated Business/Commercial Organizations	0	
Trade Unions	0	
Non-profit Organizations	0	
Other Identifiable Contributors	0	
Total	\$ 0	A

Anonymous contributions \$ 0 **B**

Total contributions (A + B) \$ 0 **C**

Total significant contributions (must equal box A on all forms 4224) \$ 0

Total contributions of less than \$100 \$ 0

Number of contributors who gave less than \$100 # 0

Number of anonymous contributors # 0

4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE Zan Eburne Steadley	PAGE <input style="width: 30px;" type="text" value="1"/> OF <input style="width: 30px;" type="text" value="1"/>
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INSTRUCTIONS: Complete one sheet for each prohibited campaign contribution received.
 Attach additional forms if necessary.

RECEIVED FROM	DATE RECEIVED (YYYY/MM/DD)	\$ VALUE	DATE RETURNED (YYYY/MM/DD)	OR	DATE REMITTED TO ELECTIONS BC (YYYY/MM/DD)
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ORGANIZATION <input type="checkbox"/> ANONYMOUS		0			

DESCRIPTION OF HOW THE PROHIBITED CONTRIBUTION WAS RECEIVED

Complete this field if the prohibited campaign contribution was received from an individual:

NAME OF INDIVIDUAL

Complete these fields if the prohibited campaign contribution was received from an organization:

NAME OF ORGANIZATION	CLASS*
MAILING ADDRESS	
NAME OF DIRECTOR	NAME OF DIRECTOR

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

4228 - FUNDRAISING FUNCTION TICKET SALES

LOCAL ELECTIONS CANDIDATE

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SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD



NAME OF CANDIDATE Zau Ebene Steffen	PAGE <input type="text"/>
	OF <input type="text"/>

DATE OF EVENT (YYYY/MM/DD)	DESCRIPTION OF FUNDRAISING EVENT
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Income reported as campaign contributions

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

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

Other income not reported as campaign contributions

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

NOT APPLICABLE

4229 - SUMMARY OF ELECTION EXPENSES

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE

Zan Ebuwe Stanley

ADVERTISING

Column A

Column B

Election Expenses

Election Proceedings Period Expenses

- Brochures, pamphlets and flyers
- Internet
- Newspaper, magazine, journal
- Radio
- Signs and billboards
- Television
- Other advertising

CAMPAIGN ADMINISTRATION

- 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 campaign 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)

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Total Expenses

A	0	B	0
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Column A - Report the value of all election expenses for goods and services used in the campaign period.

Column B - Report the value of all election expenses for goods and services used in the election proceedings period.

4233 - TRANSFERS BETWEEN CANDIDATE'S OWN CAMPAIGN ACCOUNTS

LOCAL ELECTIONS CANDIDATE

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NAME OF CANDIDATE Zan Ebunne Stogley

PAGE 1
OF 1

Transfers between candidate's own campaign accounts in same jurisdiction

PURPOSE	AMOUNT
	0

Transfers from candidate's own campaign accounts in other jurisdictions

DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)	AMOUNT
TOTAL		A 0

Transfers to candidate's own campaign accounts in other jurisdictions

DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)	AMOUNT
TOTAL		B 0

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

4236 - PREVIOUS FINANCIAL AGENTS

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE <i>Zan Eburne Steadley</i>		
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)		
FINANCIAL AGENT'S LAST NAME <i>Eburne Steadley</i>	FIRST NAME <i>Zan</i>	MIDDLE NAME <i>L</i>
FINANCIAL AGENT MAILING ADDRESS <i>Box 36</i>		PHONE NO. <i>2504423854</i>
CITY/TOWN <i>Grand Falls</i>	POSTAL CODE <i>V0H 1H0</i>	EMAIL (IF AVAILABLE)
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)		
FINANCIAL AGENT'S LAST NAME FIRST NAME MIDDLE NAME		
FINANCIAL AGENT MAILING ADDRESS		PHONE NO.
CITY/TOWN	POSTAL CODE	EMAIL (IF AVAILABLE)
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)		
FINANCIAL AGENT'S LAST NAME FIRST NAME MIDDLE NAME		
FINANCIAL AGENT MAILING ADDRESS		PHONE NO.
CITY/TOWN	POSTAL CODE	EMAIL (IF AVAILABLE)
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)		
FINANCIAL AGENT'S LAST NAME FIRST NAME MIDDLE NAME		
FINANCIAL AGENT MAILING ADDRESS		PHONE NO.
CITY/TOWN	POSTAL CODE	EMAIL (IF AVAILABLE)