

# 4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT

## LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

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

CANDIDATE'S FULL NAME <b>Helen Anne Kormendy</b>		GENERAL VOTING DAY (YYYY/MM/DD) <b>2016/09/17</b>	
BALLOT NAME (IF DIFFERENT FROM ABOVE)		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) <b>Councillor</b>	
MAILING ADDRESS <b>P.O. Box 903</b>		PHONE NO. <b>250-453-2309</b>	
CITY / TOWN <b>Ashcroft</b>	POSTAL CODE <b>V0K 1A0</b>	EMAIL (IF AVAILABLE) <b>hkormend@telus.net</b>	
JURISDICTION <b>Corporation of the Village of Ashcroft</b>			
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 <b>Kormendy</b>	FIRST NAME <b>Andrew</b>	MIDDLE NAME <b>Joseph</b>	
FINANCIAL AGENT'S MAILING ADDRESS <b>P.O. Box 903</b>		PHONE NO. <b>250-453-2309</b>	
CITY / TOWN <b>Ashcroft</b>	POSTAL CODE <b>V0K 1A0</b>	EMAIL (IF AVAILABLE) <b>akormend@telus.net</b>	
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD) <b>2016.08.10</b>	<b>If there were previous financial agents, complete form 4236.</b>		
<input type="checkbox"/> Tick if candidate acted as their own financial agent		<input type="checkbox"/> Tick if candidate was registered as a third party sponsor	
This disclosure statement includes the following forms:			
Declarations and Campaign Accounts – Form 4221 <input checked="" type="checkbox"/>		Summary of Election Expenses – Form 4229 <input checked="" type="checkbox"/>	
Statement of Income and Expenses – Form 4222 <input checked="" type="checkbox"/>		Transfers Given to Elector Organization – Form 4230 <input checked="" type="checkbox"/>	
Summary of Campaign Contributions by Class – Form 4223 <input checked="" type="checkbox"/>		Other Permissible Payments – Form 4231 <input checked="" type="checkbox"/>	
Significant Contributors (\$100 or more) – Form 4224 <input checked="" type="checkbox"/>		Shared Election Expense – Form 4232 <input checked="" type="checkbox"/>	
Prohibited Campaign Contributions – Form 4225 <input checked="" type="checkbox"/>		Transfers Between Candidate's Own Accounts – Form 4233 <input checked="" type="checkbox"/>	
Transfers Received from Elector Organization – Form 4226 <input checked="" type="checkbox"/>		Disbursement of Surplus Funds – Form 4234 <input checked="" type="checkbox"/>	
Other Permissible Deposits – Form 4227 <input checked="" type="checkbox"/>		Free Advertising from Jurisdiction – Form 4235 <input checked="" type="checkbox"/>	
Fundraising Function Ticket Sales – Form 4228 <input checked="" type="checkbox"/>		Previous Financial Agents – Form 4236 <input checked="" type="checkbox"/>	

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

The information on this form is collected under the authority of the *Local Elections Campaign Financing Act* and the *Freedom of Information and Protection of Privacy Act*. It will be used to administer campaign financing rules. If you have questions about the collection, use or disclosure of this information, contact the Elections BC Privacy Officer at 1-800-861-8683, electionsbc@elections.bc.ca or PO Box 9275 Stn Prov Govt Victoria, BC V8W 9J6.

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



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE Helen Anne Kormendy
--

**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 <i>Helen Kormendy</i>	DATE (YYYY/MM/DD) 2016/09/22
PRINTED NAME OF CANDIDATE Helen Anne Kormendy	

SIGNATURE OF FINANCIAL AGENT <i>Andrew J. Kormendy</i>	DATE (YYYY/MM/DD) 2016/09/22
PRINTED NAME OF FINANCIAL AGENT Andrew J Kormendy	

**Campaign accounts:**

NAME OF SAVINGS INSTITUTION Interior Savings Credit Union
ADDRESS 201 Railway Avenue PO Box 580 Ashcroft BC V0K 1A0

NAME OF SAVINGS INSTITUTION
ADDRESS

NAME OF SAVINGS INSTITUTION
ADDRESS

NAME OF SAVINGS INSTITUTION
ADDRESS

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



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE  
 Helen Anne Kormendy

Total value of campaign contributions from all sources (from box C on form 4223)	599.18	
Transfers received from elector organization (from box A on form 4226)	0	
Total other permissible deposits (from box A on form 4227)	0	
Transfers from candidate's own accounts in other jurisdictions (from box A on form 4233)	0	
<b>Total Income (sum of above boxes)</b>	<b>599.98</b>	<b>A</b>
Election expenses (from box A on form 4229)	591.98	
Transfers to elector organization (from box A on form 4230)	0	
Total other permissible payments (from box A on form 4231)	8.00	
Transfers to candidate's own accounts in other jurisdictions (from box B on form 4233)	0	
Amount of surplus funds disbursed (from box A on form 4234)	0	
<b>Total Expenditures (sum of above boxes)</b>	<b>599.98</b>	<b>B</b>

**4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS**

**LOCAL ELECTIONS CANDIDATE**



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE  
Helen Anne Kormendy

		All Contributions	
Individuals	599.98		
Corporations	0		
Unincorporated Business/Commercial Organizations	0		
Trade Unions	0		
Non-profit Organizations	0		
Other Identifiable Contributors	0		
Total	\$ 599.98	A	

Anonymous contributions \$ 0 B

Total contributions (A + B) \$ 599.98 C

Total significant contributions (must equal box A on all forms 4224) \$ 549.98

Total contributions of less than \$100 \$ 50.00

Number of contributors who gave less than \$100 # 1

Number of anonymous contributors # 0

**4224 - SIGNIFICANT CONTRIBUTORS (\$100 OR MORE)**

**LOCAL ELECTIONS CANDIDATE**



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE: Helen Anne Kormendy

PAGE: 1 OF 1

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
2016/08/24	Helen Anne Kormendy	[REDACTED]	1	200.00
2016/09/10	Joyce Beddow	[REDACTED]	1	100.00
2016/09/20	Helen Anne Kormendy	[REDACTED]	1	249.98

IF NEEDED, ATTACH ADDITIONAL FORMS

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

TOTAL CONTRIBUTIONS: 549.98

# 4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS

## LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE Helen Anne Kormendy	PAGE <input style="width: 20px;" type="text" value="1"/> OF <input style="width: 20px;" type="text" value="1"/>
<b>INSTRUCTIONS: Complete one sheet for each prohibited campaign contribution received.                  Attach additional forms if necessary.</b>	

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					
DESCRIPTION OF HOW THE PROHIBITED CONTRIBUTION WAS RECEIVED <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>					
<b>Complete this field if the prohibited campaign contribution was received from an individual:</b>					
NAME OF INDIVIDUAL <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>					
<b>Complete these fields if the prohibited campaign contribution was received from an organization:</b>					
NAME OF ORGANIZATION					CLASS*
MAILING ADDRESS <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>					
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

**4226 - TRANSFERS RECEIVED  
FROM ELECTOR ORGANIZATION**  
**LOCAL ELECTIONS CANDIDATE**



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE  
Helen Anne Kormendy

PAGE   
OF

DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER

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



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE  
Helen Anne Kormendy

PAGE   
OF

DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AMOUNT
<b>TOTAL</b>			<b>A</b> <input type="text" value="0"/>

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

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

This information is collected to administer the *Local Elections Campaign Financing Act*.  
 Questions? Contact: **Privacy Officer, Elections BC**  
 1-800-661-8683 PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6



# 4228 - FUNDRAISING FUNCTION TICKET SALES

## LOCAL ELECTIONS CANDIDATE

PLEASE PRINT IN BLOCK LETTERS

SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD



NAME OF CANDIDATE <b>Helen Anne Kormendy</b>	PAGE <input style="width: 20px; text-align: center;" type="text" value="1"/>
OF <input style="width: 20px; text-align: center;" type="text" value="1"/>	

DATE OF EVENT (YYYY/MM/DD)	DESCRIPTION OF FUNDRAISING EVENT
----------------------------	----------------------------------

**Income reported as campaign contributions**

	Number of Tickets Sold	Charge per Ticket	Total Charges Collected	Tick if Charge 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 income reported as campaign contributions				

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				

# 4229 - SUMMARY OF ELECTION EXPENSES

## LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE Helen Anne Kormendy
--

	Column A Election Expenses	Column B Election Proceedings Period Expenses				
<b>ADVERTISING</b>						
Brochures, pamphlets and flyers	218.40	218.40				
Internet						
Newspaper, magazine, journal	117.86	117.86				
Radio						
Signs and billboards	230.72	230.72				
Television						
Other advertising						
<b>CAMPAIGN ADMINISTRATION</b>						
Salaries and wages						
Rent, insurance and utilities						
Courier and postage						
Furniture and equipment						
Office supplies	25.00	25.00				
Professional services						
Other campaign administration expenses						
Conventions and meetings						
Other campaign related functions						
Research and polling						
Interest						
<b>EXCLUSIONS THAT MUST BE REPORTED</b>						
Personal election expenses						
Interest on loans for election expenses						
Legal and accounting services						
Financial agent services						
Other expenses (describe)						
<b>Total Expenses</b>	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;"><b>A</b></td> <td style="width: 100px; text-align: center;">591.98</td> </tr> </table>	<b>A</b>	591.98	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;"><b>B</b></td> <td style="width: 100px; text-align: center;">591.98</td> </tr> </table>	<b>B</b>	591.98
<b>A</b>	591.98					
<b>B</b>	591.98					

**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.

**4230 - TRANSFERS GIVEN TO ELECTOR ORGANIZATION**

**LOCAL ELECTIONS CANDIDATE**



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE  
Helen Anne Kormendy

PAGE 1  
OF 1

DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER
<b>TOTAL</b>			<b>A 0</b>

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

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



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE  
Helen Anne Kormendy

PAGE 1  
OF 1

DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AMOUNT
2016.09.21	B	Bank Service Charge	8.00
<b>TOTAL</b>			<b>A 8.00</b>

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

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

This information is collected to administer the *Local Elections Campaign Financing Act*.  
 Questions? Contact: **Privacy Officer, Elections BC**  
 1-800-661-8683 PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6

**4232 - SHARED ELECTION EXPENSE**

**LOCAL ELECTIONS CANDIDATE**

PLEASE PRINT IN BLOCK LETTERS



SUBMIT A SEPARATE FORM FOR EACH SHARED ELECTION EXPENSE

NAME OF CANDIDATE Helen Anne Kormendy	PAGE <input style="width: 30px;" type="text" value="1"/> OF <input style="width: 30px;" type="text" value="1"/>
--	--

DESCRIPTION OF SHARED EXPENSE

Total value of shared election expense	
Candidate's portion of shared election expense*	
Amount paid directly to supplier (if applicable)	
Amount of reimbursements given to other candidate(s)	
Amount of reimbursements received from other candidates	

**\*Note: Remember to include your portion of the shared expense as an election expense on form 4229 - Summary of Election Expenses.**

**Full names of other candidates with whom the expense was shared:**

LAST NAME	FIRST NAME	MIDDLE NAME

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



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE: Helen Anne Kormendy

PAGE 1 OF 1

Transfers between candidate's own campaign accounts in same jurisdiction

Table with 2 columns: PURPOSE, AMOUNT. Includes a total row with 0.

Transfers from candidate's own campaign accounts in other jurisdictions

Table with 3 columns: DATE OF TRANSFER (YYYY/MM/DD), PURPOSE (INCLUDE NAME OF OTHER JURISDICTION), AMOUNT. Includes a total row labeled A with 0.

Transfers to candidate's own campaign accounts in other jurisdictions

Table with 3 columns: DATE OF TRANSFER (YYYY/MM/DD), PURPOSE (INCLUDE NAME OF OTHER JURISDICTION), AMOUNT. Includes a total row labeled B with 0.

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

# 4234 - DISBURSEMENT OF SURPLUS FUNDS

## LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE Helen Anne Kormendy
--

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

Total amount of campaign contributions from candidate	449.98	B
---	--------	---

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

Date of reimbursement to candidate (YYYY/MM/DD)	
---	--

Amount of remaining surplus funds (after any reimbursement under box C)	0	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 less than \$500 provide details of how it was disbursed.

DATE (YYYY/MM/DD)	DESCRIPTION	AMOUNT

**4235 - FREE ADVERTISING FROM JURISDICTION**

**LOCAL ELECTIONS CANDIDATE**



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE  
 Helen Anne Kormendy

**Free advertising provided by jurisdiction**

DATE ADVERTISING WAS TRANSMITTED (YYYY/MM/DD)	JURISDICTION	MEANS OF TRANSMISSION (WEBSITE, FLYER, ETC.)



# 4236 - PREVIOUS FINANCIAL AGENTS

## LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE <b>Helen Anne Kormendy</b>		
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)
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)