

**4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT**

**LOCAL ELECTIONS CANDIDATE**



PLEASE PRINT IN BLOCK LETTERS

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

CANDIDATE'S FULL NAME <b>CARRIE JEAN POWELL-DAVIDSON</b>		GENERAL VOTING DAY (YYYY/MM/DD) <b>2016/10/22</b>
BALLOT NAME (IF DIFFERENT FROM ABOVE) <b>CARRIE POWELL-DAVIDSON</b>		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) <b>COUNCILLOR</b>
MAILING ADDRESS <b>76 MAGNOLIA DRIVE</b>		PHONE NO.
CITY/TOWN <b>PARKSVILLE</b>	POSTAL CODE <b>V9P 1ZP6</b>	EMAIL (IF AVAILABLE)

JURISDICTION  
**CITY OF PARKSVILLE**

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

BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)  
**N/A**

LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)  
**N/A**

FINANCIAL AGENT'S LAST NAME <b>MOSSMAN</b>	FIRST NAME <b>GALE</b>	MIDDLE NAME <b>-</b>
FINANCIAL AGENT'S MAILING ADDRESS <b>222 STRAWBERRY CR.</b>		PHONE NO. <b>250-586-7783</b>
CITY/TOWN <b>PARKSVILLE</b>	POSTAL CODE <b>V9P 1ZW7</b>	EMAIL (IF AVAILABLE) <b>galmoos@shaw.ca</b>
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD) <b>2016/09/17</b>	<b>If there were previous financial agents, complete form 4236.</b>	

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 checked="" type="checkbox"/>                  |

**4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS**

**LOCAL ELECTIONS CANDIDATE**



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

CARRIE POWELL-DAVIDSON

**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

*[Handwritten Signature]*

DATE: (YYYY/MM/DD)

Dec. 2016 12 07

PRINTED NAME OF CANDIDATE

CARRIE POWELL-DAVIDSON

SIGNATURE OF FINANCIAL AGENT

*[Handwritten Signature]*

DATE: (YYYY/MM/DD)

2016/12/07

PRINTED NAME OF FINANCIAL AGENT

Gale Mossman

**Campaign accounts:**

NAME OF SAVINGS INSTITUTION

TD CANADA TRUST

ADDRESS

115 ALBERNI HIGHWAY, PARKSVILLE, B.C. V9P 2G9

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

CARRIE POWELL-DAVIDSON

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

1,460 -

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)

1,460 -

A

Election expenses (from box A on form 4229)

1,449.19

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)

10.81

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

1,460.00

B

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

**LOCAL ELECTIONS CANDIDATE**



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NAME OF CANDIDATE  
**CARRIE POWELL-DAVIDSON**

		All Contributions
Individuals		1460 -
Corporations		-
Unincorporated Business/Commercial Organizations		-
Trade Unions		-
Non-profit Organizations		-
Other Identifiable Contributors		-
Total	\$	1460 - <b>A</b>

Anonymous contributions \$ - **B**

Total contributions (A + B) \$ 1460 - **C**

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 # 1

Number of anonymous contributors # -



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

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NAME OF CANDIDATE

CARRIE POWELL-DAVIDSON

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OF 1

**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					

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 <div style="font-size: 1.5em; font-family: cursive;">CARRIE POWELL DAVIDSON</div>	PAGE <input style="width: 20px;" type="text" value="1"/> OF <input style="width: 20px;" 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



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NAME OF CANDIDATE  
**CARRIE POWELL-DAWSON**

	Column A Election Expenses	Column B Election Proceedings Period Expenses
<b>ADVERTISING</b>		
Brochures, pamphlets and flyers	335.50	335.50
Internet		
Newspaper, magazine, journal	836.33	836.33
Radio		
Signs and billboards	264.32	264.32
Television		
Other advertising		
<b>CAMPAIGN ADMINISTRATION</b>		
Salaries and wages		
Rent, insurance and utilities		
Courier and postage		
Furniture and equipment		
Office supplies		
Professional services		
Other campaign administration expenses		
Conventions and meetings		
BANK Charges Other campaign related functions	13.04	8.09
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>	<b>A 1,449.19</b>	<b>B 1,444.24</b>

**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  
 CARRIE POWELL-DAVIDSON

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
		0
TOTAL		<b>A</b> 0

**Transfers to candidate's own campaign accounts in other jurisdictions**

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

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

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



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NAME OF CANDIDATE  
**CARRIE POWELL-DAVIDSON**

Balance remaining in campaign account(s) after payment of all expenses 10.81 | A

Total amount of campaign contributions from candidate 1,310 - | B

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

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

Amount of remaining surplus funds (after any reimbursement under box C) 10.81 | 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
2016/12/4	Bal Paid to CANDIDATE	Actual: 10.80





**4236 - PREVIOUS FINANCIAL AGENTS**  
**LOCAL ELECTIONS CANDIDATE**



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE <b>CARRIE POWELL-DAVIDSON</b>			
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)			
FINANCIAL AGENT'S LAST NAME <b>N/A.</b>		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)