

4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

Amendment # _____

| | | |
|---|--|---|
| CANDIDATE'S FULL NAME CARRIE JEAN POWELL-DAVIDSON | | GENERAL VOTING DAY (YYYY/MM/DD) 2016/10/22 |
| BALLOT NAME (IF DIFFERENT FROM ABOVE) CARRIE POWELL-DAVIDSON | | OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) COUNCILLOR |
| MAILING ADDRESS 76 MAGNOLIA DRIVE | | PHONE NO. 250-954-9681 |
| CITY/TOWN PARKSVILLE | POSTAL CODE V9P 1ZP6 | EMAIL (IF AVAILABLE) martinisanyone@shaw.ca |
| 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 MOSSMAN | FIRST NAME GALE | MIDDLE NAME - |
| FINANCIAL AGENT'S MAILING ADDRESS 222 STRAWBERRY CR. | | PHONE NO. 250-586-7783 |
| CITY/TOWN PARKSVILLE | POSTAL CODE V9P 1Z07 | EMAIL (IF AVAILABLE) galmoos@shaw.ca |
| EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD) 2016/09/17 2016/09/08 | 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 checked="" type="checkbox"/> |

4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

SEE AMENDMENT

Amendment # _____

| | | |
|--|-------------------------------|---|
| CANDIDATE'S FULL NAME CARRIE JEAN POWELL-DAVIDSON | | GENERAL VOTING DAY (YYYY/MM/DD) 2016/10/22 |
| BALLOT NAME (IF DIFFERENT FROM ABOVE) CARRIE POWELL-DAVIDSON | | OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) COUNCILLOR |
| MAILING ADDRESS 76 MAGNOLIA DRIVE | | PHONE NO. |
| CITY / TOWN PARKSVILLE | POSTAL CODE V9P1ZP6 | 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 MOSSMAN | FIRST NAME GALE | MIDDLE NAME - |
| FINANCIAL AGENT'S MAILING ADDRESS 222 STRAWBERRY CR. | | PHONE NO. 250-586-7783 |
| CITY/TOWN PARKSVILLE | POSTAL CODE V9P1Z07 | EMAIL (IF AVAILABLE) galmoos@shaw.ca |
| EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD) 2016/09/17 | 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:

- | | |
|--|--|
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| Statement of Income and Expenses - Form 4222 <input checked="" type="checkbox"/> | Transfers Given to Elector Organization - Form 4230 <input checked="" type="checkbox"/> |
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| 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



PLEASE PRINT IN BLOCK LETTERS

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 - A |

Anonymous contributions \$ - **B**

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

Total significant contributions (must equal box **A** on all forms 4224) \$ 1460

Total contributions of less than \$100 \$

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

Number of anonymous contributors # -

4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

SEE AMENDMENT

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 - A |

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 # -

4224 - SIGNIFICANT CONTRIBUTORS (\$100 OR MORE)

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE **CARRIE POWELL-DAVIDSON** 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 |
|-----------------------------------|--|--|--------------|-----------------------|
| 2016/09/12 | Carrie POWELL-DAVIDSON | [REDACTED] | 1 | 200.00 |
| 2016/09/12 | Gale MOSSMAN | [REDACTED] | 1 | 180.00 |
| 2016/09/27 | Carrie Powell-Davidson | [REDACTED] | 1 | 100.00 |
| 2016/09/30 | Carrie Powell-Davidson | [REDACTED] | 1 | 170.00 |
| 2016/09/30 | Gale MOSSMAN | [REDACTED] | 1 | 50.00 |
| 2016/11/23 | Carrie Powell-DAVIDSON | [REDACTED] | 1 | 840.00 |
| 2016/3/30 | Carrie Powell-DAVIDSON | [REDACTED] | 1 | 840.00 |
| 2016/09/30 | Gale Mossman | [REDACTED] | 1 | 50.00 |
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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 **A 1,460**

4224 - SIGNIFICANT CONTRIBUTORS (\$100 OR MORE)

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

SEE AMENDMENT

NAME OF CANDIDATE
CARRIE POWELL-DAVIDSON

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 |
|-----------------------------------|--|--|-------|-----------------------|
| 2016/09/12 | Carrie Powell-Davidson | [REDACTED] | 1 | 200.00 |
| 2016/09/12 | Gale Mossman | [REDACTED] | 1 | 100.00 |
| 2016/ 09 /27 | Carrie Powell-Davidson | [REDACTED] | 1 | 100.00 |
| 2016/09/30 | Carrie Powell-Davidson | [REDACTED] | 1 | 170.00 |
| 2016/09/30 | Gale Mossman | [REDACTED] | 1 | 50.00 |
| 2016/3/30 | Carrie Powell-Davidson | [REDACTED] | 1 | 840.00 |
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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 A 1,410-

4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

| | |
|--|--|
| NAME OF CANDIDATE CARRIE POWELL-DAVIDSON | PAGE <input style="width: 20px;" type="text" value="1"/> OF <input style="width: 20px;" type="text" value="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

**4226 - TRANSFERS RECEIVED
FROM ELECTOR ORGANIZATION**

LOCAL ELECTIONS CANDIDATE


PLEASE PRINT IN BLOCK LETTERS



NAME OF CANDIDATE PAGE
OF

| DATE OF TRANSFER (YYYY/MM/DD) | BALLOT NAME OF ELECTOR ORGANIZATION* | DESCRIPTION (IF NON-MONETARY) | VALUE OF TRANSFER |
|-------------------------------|--------------------------------------|-------------------------------|-------------------|
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*Also include legal name if different than ballot name.

TOTAL 

4228 - FUNDRAISING FUNCTION TICKET SALES

LOCAL ELECTIONS CANDIDATE

PLEASE PRINT IN BLOCK LETTERS

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 | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="checkbox"/> |
| Purchases by individuals of more than \$250 worth of tickets | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="checkbox"/> |
| Purchases by individuals of tickets that are more than \$50 each | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="checkbox"/> |
| Total income reported as campaign contributions | <input style="width: 100%; border: 1px solid black; border-radius: 50%; border-image: linear-gradient(to right, transparent 49%, black 49%, black 51%, transparent 51%) 1;"/> | | | <input style="width: 100%;" type="checkbox"/> |

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 style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="checkbox"/> |

4229 - SUMMARY OF ELECTION EXPENSES

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE
CARRIE POWELL-DAWSON

| | Column A Election Expenses | Column B Election Proceedings Period Expenses |
|---|-------------------------------|--|
| ADVERTISING | | |
| 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 | | |
| 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 | | |
| BANK Charges Other campaign related functions | 13.04 | 8.09 |
| 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) | | |
| Total Expenses | A 1,449.19 | B 1,444.24 |

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
CARRIE POWELL-DAVIDSON

PAGE 1
OF 1

| DATE OF TRANSFER (YYYY/MM/DD) | BALLOT NAME OF ELECTOR ORGANIZATION* | DESCRIPTION (IF NON-MONETARY) | VALUE OF TRANSFER |
|-------------------------------|--------------------------------------|-------------------------------|-------------------|
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*Also include legal name if different than ballot name.

TOTAL **A**

4231 - OTHER PERMISSIBLE PAYMENTS
FROM CAMPAIGN ACCOUNT
LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE
CARRIE POWELL-DAVIDSON

PAGE 1
OF 1

| DATE (YYYY/MM/DD) | TYPE* | DESCRIPTION | AMOUNT |
|----------------------|-------|-------------|--------|
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*TYPE:
B - Bank fees
E - Intended election expense that was not used
F - Payments made for fundraising purposes
N - Nomination deposit
O - Other (describe)

TOTAL A

4232 - SHARED ELECTION EXPENSE

LOCAL ELECTIONS CANDIDATE

PLEASE PRINT IN BLOCK LETTERS



SUBMIT A SEPARATE FORM FOR EACH SHARED ELECTION EXPENSE

| | |
|---|---|
| NAME OF CANDIDATE CARRIE POWELL-DAVIDSON | PAGE 1 OF 1 |
| DESCRIPTION OF SHARED EXPENSE <hr style="width: 20%; margin-left: auto; margin-right: auto;"/> | |
| Total value of shared election expense | <input style="width: 100%;" type="text" value="—"/> |
| Candidate's portion of shared election expense* | <input style="width: 100%;" type="text" value="—"/> |
| Amount paid directly to supplier (if applicable) | <input style="width: 100%;" type="text" value="—"/> |
| Amount of reimbursements given to other candidate(s) | <input style="width: 100%;" type="text" value="—"/> |
| Amount of reimbursements received from other candidates | <input style="width: 100%;" type="text" value="—"/> |

*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 |
|-----------|------------|-------------|
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4233 - TRANSFERS BETWEEN CANDIDATE'S OWN CAMPAIGN ACCOUNTS

LOCAL ELECTIONS CANDIDATE

PLEASE PRINT IN BLOCK LETTERS



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 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 |
|-------------------------------|--|--------|
| | | 0 |
| | | |
| | | |
| | | |
| | | |
| TOTAL B | | 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
CARRIE POWELL-DAVIDSON

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

Total amount of campaign contributions from candidate **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) **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 |
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4236 - PREVIOUS FINANCIAL AGENTS
LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

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