

LOCAL ELECTIONS CAMPAIGN FINANCING

(15/01)

4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

Amendment # _____

CANDIDATE'S FULL NAME DOUGLAS O'BRIEN		GENERAL VOTING DAY (YYYY/MM/DD) 2016/10/22	
BALLOT NAME (IF DIFFERENT FROM ABOVE)		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) COUNCILLOR	
MAILING ADDRESS 1456 SEAWAY DRIVE		PHONE NO. 250 9542327	
CITY/TOWN PARKSVILLE	POSTAL CODE V9P 2E5	EMAIL (IF AVAILABLE) dobugobrien@shaw.ca	
JURISDICTION PARKSVILLE			
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 O'BRIEN	FIRST NAME DOUGLAS	MIDDLE NAME JAMES	
FINANCIAL AGENT'S MAILING ADDRESS AS ABOVE		PHONE NO.	
CITY/TOWN	POSTAL CODE	EMAIL (IF AVAILABLE)	
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)		If there were previous financial agents, complete form 4236.	
<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 type="checkbox"/>	
Summary of Campaign Contributions by Class – Form 4223 <input checked="" type="checkbox"/>		Other Permissible Payments – Form 4231 <input type="checkbox"/>	
Significant Contributors (\$100 or more) – Form 4224 <input checked="" type="checkbox"/>		Shared Election Expense – Form 4232 <input type="checkbox"/>	
Prohibited Campaign Contributions – Form 4225 <input type="checkbox"/>		Transfers Between Candidate's Own Accounts – Form 4233 <input type="checkbox"/>	
Transfers Received from Elector Organization – Form 4226 <input type="checkbox"/>		Disbursement of Surplus Funds – Form 4234 <input checked="" type="checkbox"/>	
Other Permissible Deposits – Form 4227 <input type="checkbox"/>		Free Advertising from Jurisdiction – Form 4235 <input type="checkbox"/>	
Fundraising Function Ticket Sales – Form 4228 <input 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 1-800-661-8883, electionsbc@elections.bc.ca or PO Box 9275 Stn Prov Govt Victoria, BC V8W 3Z.

LOCAL ELECTIONS CAMPAIGN FINANCING

(14/08)

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

PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

*DOUGLAS O'BRIEN***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

[Signature]

DATE: (YYYY/MM/DD)

2016/11/16

PRINTED NAME OF CANDIDATE

DOUGLAS O'BRIEN

SIGNATURE OF FINANCIAL AGENT

[Signature]

DATE: (YYYY/MM/DD)

2016/11/16

PRINTED NAME OF FINANCIAL AGENT

*DOUGLAS O'BRIEN***Campaign accounts:**

NAME OF SAVINGS INSTITUTION

TD CANADA TRUST

ADDRESS

115 ALBERNI HWY, PARKSVILLE, B.C. V9P2G9

NAME OF SAVINGS INSTITUTION

ADDRESS

NAME OF SAVINGS INSTITUTION

ADDRESS

NAME OF SAVINGS INSTITUTION

ADDRESS

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ORIGINAL - ELECTIONS BC

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Questions? Contact: Privacy Officer, Elections BC

1-800-661-8683 PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6

LOCAL ELECTIONS CAMPAIGN FINANCING

(14/08)

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

PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

DOUGLAS O'BRIEN

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

1100.00

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)

1100.00

A

Election expenses (from box A on form 4229)

1055.30

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)

44.70

Total Expenditures (sum of above boxes)

1100.00

B

LOCAL ELECTIONS CAMPAIGN FINANCING

(14/08)

4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS**LOCAL ELECTIONS CANDIDATE**

PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

*DOUGLAS O'BRIEN***All Contributions**

Individuals

1100.00

Corporations

Unincorporated Business/Commercial Organizations

Trade Unions

Non-profit Organizations

Other Identifiable Contributors

Total

\$ *1100.00* **A**

Anonymous contributions

\$ **B**

Total contributions (A + B)

\$ *1100.00* **C**

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

\$ *1100.00*

Total contributions of less than \$100

\$

Number of contributors who gave less than \$100

#

Number of anonymous contributors

#

LOCAL ELECTIONS CAMPAIGN FINANCING

(14/08)

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

PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

DOUGLAS O'BRIEN

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
<i>2016/10/17</i>	<i>DOUGLAS O'BRIEN</i>		<i>1</i>	<i>\$999.00</i>
<i>2016/10/17</i>	<i>DOUGLAS O'BRIEN</i>		<i>1</i>	<i>\$101.00</i>
IF NEEDED, ATTACH ADDITIONAL FORMS			TOTAL CONTRIBUTIONS	<i>\$1100.00</i>
*CLASS OF CONTRIBUTOR:				
1 - INDIVIDUAL, 2 - CORPORATION, 3 - UNINCORPORATED BUSINESS/COMMERCIAL ORGANIZATION				
4 - TRADE UNION, 5 - NON-PROFIT ORGANIZATION, 6 - OTHER IDENTIFIABLE CONTRIBUTOR				

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ORIGINAL — ELECTIONS BC

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1-800-881-8883 PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6

LOCAL ELECTIONS CAMPAIGN FINANCING

(15/01)

4229 - SUMMARY OF ELECTION EXPENSES

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

DOUGLAS O'BRIEN

ADVERTISING

Column A

Column B

Election
ExpensesElection Proceedings
Period Expenses

Brochures, pamphlets and flyers

658.56

658.56

Internet

Newspaper, magazine, journal

Radio

Signs and billboards

396.74

396.74

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)

Total Expenses

A

1055.30

B

1055.30

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.

LOCAL ELECTIONS CAMPAIGN FINANCING

(14/08)

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

PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

DOUGLAS O'BRIEN

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

44.70

A

Total amount of campaign contributions from candidate

1100.00

B

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

44.70

C

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

2016/11/16

Amount of remaining surplus funds (after any reimbursement under box C)

0.00

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