4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT LOCAL ELECTIONS CANDIDATE



Amen	dment#	

CANDIDATE'S FULL NAME					GENERAL VOTING DAY (YYYY/MM/DD)
Leightan Wishart					2016/10/22
BALLOT NAME (IF DIFFERENT FROM ABOVE)		· · · · · · · · · · · · · · · · · · ·			OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.)
	1 1	92.0			Councillor
MAILING ADDRESS					PHONE NO.
Box 1942					250.949.1949
CITY/TOWN		POSTAL CO	DE	000	EMAIL (IF AVAILABLE)
Port Hardy		VON	<u> </u>	2P0	lwishart@telus.net
JURISDICTION					
Port Hardy					
ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELEC	TORAL AREA (IF APPLIC	CABLE)			
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION	NI SE ADDI IOADI EL			-;	
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION	ON (IF APPLICABLE)				
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION	(IF APPLICABLE)				
	x v , x a, x =,				
FINANCIAL AGENT'S LAST NAME FINA	FIRST NAME				MIDDLE NAME
FINANCIAL AGENT'S MAILING ADDRESS					PHONE NO.
					FRIONE NO.
CITY/TOWN		POSTAL CO	DE		EMAIL (IF AVAILABLE)
			1		
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)					
· · · · · · · · · · · · · · · · · · ·	ii were	: were prev	nous	manc	al agents, complete form 4236.
Tick if candidate acted as their own financia	l agent	Tick	if car	ndidate v	was registered as a third party sponsor
This disclosure statement includes the following	forms:				
Declarations and Campaign Accounts	– Form 4221 🗸			Summa	rry of Election Expenses - Form 4229
Statement of Income and Expenses	– Form 4222 🗸	Tra	ınsfe	rs Giver	to Elector Organization - Form 4230
Summary of Campaign Contributions by Class	– Form 4223 🗹			Othe	r Permissible Payments - Form 4231
Significant Contributors (\$100 or more)	– Form 4224 🗹			s	hared Election Expense - Form 4232
Prohibited Campaign Contributions	– Form 4225 🗹	Transfers	Betv	veen Ca	ndidate's Own Accounts - Form 4233
Transfers Received from Elector Organization	- Form 4226 💟			Disburs	ement of Surplus Funds - Form 4234
Other Permissible Deposits	– Form 4227 🗸		F	ree Adv	ertising from Jurisdiction - Form 4235
Fundraising Function Ticket Sales	- Form 4228 ✓			Pi	revious Financial Agents - Form 4236

4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE	
Leightan Wishart	
<u> - [양기 : 사용기 : 기타를 다시고 있다는 사용이 다른 기타를 다시고 기</u>	
Declaration:	
the undersigned, declare that to the best of my knowledge and belief, this disclosure statement completely a required under the Local Elections Campaign Financing Act (LECFA).	and accurately discloses the information
SIGNATURE OF CANDIDATE	DATE: (YYYY/MM/DD)
a laka	2016/09/27
PRINTED NAME OF CANDIDATE	
Leightan Wishart	
SIGNATURE OF FINANCIAL AGENT	DATE: (YYYY/MM/DD)
	, , , , , , , , , , , , , , , , , , , ,
PRINTED NAME OF FINANCIAL AGENT	
Campaign accounts:	
NAME OF SAVINGS INSTITUTION	
Scotia Bank	
ADDRESS	
7070 Market Street, Port Hardy, V0N 2P0	
NAME OF SAVINGS INSTITUTION	
ADDRESS	
NAME OF SAVINGS INSTITUTION	
ADDRESS	
VANE OF SAVANCE DISTILL TION	
NAME OF SAVINGS INSTITUTION	
ADDRESS	
TUDICOS	

4222 - STATEMENT OF INCOME AND EXPENSES LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE LEIGHTAN WISHART		
Total value of campaign contributions from all sources (from box C on form 4223)	427.62	
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)	427.62	Α
Election expenses (from box A on form 4229)	427.62	Î
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)	427.62	В

4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE		
NAME OF CANDIDATE LEIGHTAN WISHART		
	All Contributions	1
Individuals	427.62	
Corporations		
Unincorporated Business/Commercial Organizations		
Trade Unions		
Non-profit Organizations		
Other Identifiable Contributors		
Total	\$ 427.62	A
Anonymous contributions	\$	В
	T	
Total contributions (A + B)	\$ 427.62	C
Total significant contributions (must equal box A on all forms 4224)	\$ 427.62	1
		J
Total contributions of less than \$100	\$	1
Number of contributors who gave less than \$100	# T#	1
The second secon		1
Number of anonymous contributors	#	
	L	

1

PAGE

NAME OF CANDIDATE

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

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Leightan Wishai	rt			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
2016/08/26	Leightan Wishart		1	175.42
2016/08/30	Leightan Wishart		1	156.93
2016/08/30	Leightan Wishart		1	63.77
2016/08/30	Leightan Wishart		1	31.5
-				
*CLASS OF CONTR	I ADDITIONAL FORMS IBUTOR: - CORPORATION, 3 - UNINCORPORATED BUSINESS 5 - NON-PROFIT ORGANIZATION, 6 - OTHER IDENT	S/COMMERCIAL ORGANIZATION CONTIFIED TO THE CONTRIBUTOR	TOTAL ITRIBUTIONS	A 427.62

4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE LEIGHTAN W	KUART		1895 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	PAGE OF
NSTRUCTIONS: Complete one s Attach additiona	heet for each prohibi al forms if necessary		tribution received.	
RECEIVED FROM	DATE		DATE	DATE REMITTED TO
INDIVIDUAL ORGANIZATION	RECEIVED (YYYY/MM/DD)	\$ VALUE	RETURNED OR	ELECTIONS BC (YYYY/MM/DD)
ANONYMOUS				
Complete this field if the prohibit	ted campaign contrib	oution was receive	d from an individual:	
Complete these fields if the proh	ibited campaign con	tribution was rece	ived from an organization:	
NAME OF ORGANIZATION			and a second control of the second	CLASS*
MAILING ADDRESS	<u> </u>			1
NAME OF DIRECTOR		NAME OF DIRE		

*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

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LOCAL ELECTIONS CANDIDATE

NAME OF CANDIDATE	HIAN WISHORT		PAGE
L 616	HIAN WISHORT		OF
DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER
		:	
*Also include legal name if o	different than ballot name.	TOTAL	A

4227 - OTHER PERMISSIBLE DEPOSITS TO CAMPAIGN ACCOUNT LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE				PAGE	
LE1614	TAN	WISHART			OF
DATE (YYYY/MM/DD)	TYPE*		DESCRIPTION		AMOUNT
		٠		4.	
· · · · · · · · · · · · · · · · · · ·					
·					
,					
			fr.		
		5			
<u> </u>					:
,					<u> </u>
·					
					·
*TYPE: - Interest D = Dividends of shares of		· · · · · · · · · · · · · · · · · · ·		TOTAL	A

O - Other (describe)

S – Surplus funds from previous election returned by jurisdiction F – Fundraising income not reported as a campaign contribution

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4228 - FUNDRAISING FUNCTION TICKET SALES

LOCAL ELECTIONS CANDIDATE

PLEASE PRINT IN BLOCK LETTERS

SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD

	SHART			OF _
ATE OF EVENT (YYYY/MM/DD) DESCRIPTIO	N OF FUNDRAISING EVE	NT		
The state of the s				
ncome reported as campaign contributio	ns			
				Tick if
	Number of Tickets Sold	Charge per Ticket	Total Charges Collected	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 i	ncome reported as	campaign contribution	s	
	•	• · · • · · · · · · · · · · · · · · · ·		
	utions on form 422	2 Summani of Cam	naisia Cantultada	aa hir Claaa
Remember to report all campaign contrib	44 CAROLITA SALA ESCALACIÓN PARA	.v - Guillinary Of Gall	ipaign continu utio i	is by Class,
Remember to report all campaign contrib and If applicable, on form 4224 - Significa	nt Contributors (\$	100 or more).		
Remember to report all campaign contrib and if applicable, on form 4224 - Significa	nt Contributors (\$	100 or more).		
Remember to report all campaign contrib and If applicable, on form 4224 - Significa Other income not reported as campaign o	int Contributors (\$	100 or more).		
and If applicable, on form 4224 - Significa	int Contributors (\$	100 or more).		Tick if
and If applicable, on form 4224 - Significa	int Contributors (\$	100 or more). Charge per Ticket	Total Charges Collected	Tick if Charge per Ticket Varies
and If applicable, on form 4224 - Significa	ent Contributors (\$ contributions Number of	Charge		Charge per Ticket

4229 - SUMMARY OF ELECTION EXPENSES LOCAL ELECTIONS CANDIDATE



		Column A	Column B
DVERTISING		Election Expenses	Election Proceedings Period Expenses
	Brochures, pamphlets and flyers	427.62	
	Internet		
	Newspaper, magazine, journal		
	Radio		
	Signs and billboards		
	Television		
	Other advertising		
AMPAIGN ADMINISTRATION			
	Salaries and wages		
	Rent, insurance and utilities		
	Courier and postage		
	Furniture and equipment		
	Office supplies		
	Professional services		
Oth	er campaign administration expenses		
	Conventions and meetings		
	Other campaign related functions		
	Research and polling		
	Interest		
XCLUSIONS THAT MUST BE REPORTED			
	Personal election expenses		
Ir	terest on loans for election expenses		
	Legal and accounting services		
	Financial agent services		
ther expenses (describe)			
	Total Expenses	A 427,62	В
			<u> </u>

4230 - TRANSFERS GIVEN TO ELECTOR ORGANIZATION LOCAL ELECTIONS CANDIDATE



LEIGHTAN WISHART				
DATE OF RANSFER 'YY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER	
		/		
	·			
	S			
		<u>/</u>		
	/.			
			-	

4231 - OTHER PERMISSIBLE PAYMENTS FROM CAMPAIGN ACCOUNT



LOCAL ELECTIONS CANDIDATE
PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE	450	AN WIGHART	PAGE
DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AMOUNT
·			
-			
*TYPE: B - Bank fees E - Intended election expe F - Payments made for fu	ense that we	TOTAL used urposes	A

N – Nomination deposit
O – Other (describe)

4232 - SHARED ELECTION EXPENSE

LOCAL ELECTIONS CANDIDATE





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 - Summe Election Expenses. Full names of other candidates with whom the expense was shared: LAST NAME FIRST NAME MIDDLE NAME	
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 - Summe Election Expenses. Full names of other candidates with whom the expense was shared:	
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 - Summe Election Expenses. Full names of other candidates with whom the expense was shared:	
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 - Summe Election Expenses. Full names of other candidates with whom the expense was shared:	
*Note: Remember to include your portion of the shared expense as an election expense on form 4229 - Summe Election Expenses. Full names of other candidates with whom the expense was shared:	1
*Note: Remember to include your portion of the shared expense as an election expense on form 4229 - Summe Election Expenses. Full names of other candidates with whom the expense was shared:	
Election Expenses. Full names of other candidates with whom the expense was shared:	
Full names of other candidates with whom the expense was shared:	mary of
LAST NAME PRST NAME MIDDLE NAME	
	1

4233 - TRANSFERS BETWEEN CANDIDATE'S OWN CAMPAIGN ACCOUNTS



LOCAL ELECTIONS CANDIDATE

sfers between candidate's	s own campaign accounts in same jurisdiction		and the second of the second o
	PURPOSE		AMOUNT
			·
sfers from candidate's ov	vn campaign accounts in other jurisdictions		
OATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)		AMOUNT
		TOTAL A	
ofore to condidate's own	campaign accounts in other jurisdictions	· L	
DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)		AMOUNT
(YYYY/MM/DD)	Total Social Control of Control o		
			······································
1			

4234 - DISBURSEMENT OF SURPLUS FUNDS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE	HTAD WIGHAUT	
	Balance remaining in campaign account(s) after payment of all expenses	A
	Total amount of campaign contributions from candidate	В
Amount reimbursed to ca	ndidate from campaign account for the candidate's contributions to their campaign	С
	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
:		

4235 - FREE ADVERTISING FROM JURISDICTION LOCAL ELECTIONS CANDIDATE



ree advertising provide	AN WISHART d by jurisdiction	
VATE ADVERTISING VAS TRANSMITTED (YYYY/MM/DD)	JURISDICTION	MEANS OF TRANSMISSION (WEBSITE, FLYER, ETC.)

4236 - PREVIOUS FINANCIAL AGENTS LOCAL ELECTIONS CANDIDATE



Augus of Olyphare			
NAME OF CANDIDATE LOGHTAN W	19HART		
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)			
ENANCIAL ACENTIC LACTAVAME			
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)
			L