

LOCAL ELECTIONS CAMPAIGN FINANCING

(15/01)

**4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT**  
**LOCAL ELECTIONS CANDIDATE**



PLEASE PRINT IN BLOCK LETTERS

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

CANDIDATE'S FULL NAME <b>Barbara Lewis</b>		GENERAL VOTING DAY (YYYY/MM/DD) <b>2016/10/22</b>	
BALLOT NAME (IF DIFFERENT FROM ABOVE) <b>Barb Lewis</b>		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) <b>Councillor</b>	
MAILING ADDRESS <b>PO Box 87</b>		PHONE NO. <b>250 761-4868</b>	
CITY / TOWN <b>Zeballos</b>	POSTAL CODE <b>V0P 2A0</b>	EMAIL (IF AVAILABLE) <b>bgrobinson@live.ca</b>	
JURISDICTION <b>Zeballos</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		FIRST NAME	MIDDLE NAME
FINANCIAL AGENT'S MAILING ADDRESS		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

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"/> N/A
Statement of Income and Expenses - Form 4222 <input checked="" type="checkbox"/>	Transfers Given to Elector Organization - Form 4230 <input checked="" type="checkbox"/> N/A
Summary of Campaign Contributions by Class - Form 4223 <input checked="" type="checkbox"/>	Other Permissible Payments - Form 4231 <input checked="" type="checkbox"/> N/A
Significant Contributors (\$100 or more) - Form 4224 <input checked="" type="checkbox"/> N/A	Shared Election Expense - Form 4232 <input checked="" type="checkbox"/> N/A
Prohibited Campaign Contributions - Form 4225 <input checked="" type="checkbox"/> N/A	Transfers Between Candidate's Own Accounts - Form 4233 <input checked="" type="checkbox"/> N/A
Transfers Received from Elector Organization - Form 4226 <input checked="" type="checkbox"/> N/A	Disbursement of Surplus Funds - Form 4234 <input checked="" type="checkbox"/>
Other Permissible Deposits - Form 4227 <input checked="" type="checkbox"/> N/A	Free Advertising from Jurisdiction - Form 4235 <input checked="" type="checkbox"/> N/A
Fundraising Function Ticket Sales - Form 4228 <input checked="" type="checkbox"/> N/A	Previous Financial Agents - Form 4236 <input checked="" type="checkbox"/> N/A

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 Prévost Victoria, BC V8W 8J6.

LOCAL ELECTIONS CAMPAIGN FINANCING

(14/08)

4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE <b>Barb Lewis</b>	
<b>Declaration:</b> 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 (LECA).	
SIGNATURE OF CANDIDATE <i>Barb Lewis</i>	DATE: (YYYY/MM/DD) <b>2016/12/07</b>
PRINTED NAME OF CANDIDATE <b>BARB LEWIS</b>	
SIGNATURE OF FINANCIAL AGENT	
DATE: (YYYY/MM/DD)	
PRINTED NAME OF FINANCIAL AGENT	
<b>Campaign accounts:</b>	
NAME OF SAVINGS INSTITUTION <b>COASTAL COMMUNITY CREDIT UNION</b>	
ADDRESS <b>1354 ISLAND HIGHWAY, CAMPBELL RIVER, B.C. V9W-8C9</b>	
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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This information is collected to administer the Local Elections Campaign Financing Act.  
Questions? Contact: Privacy Officer, Elections BC  
1-800-861-8883 PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J8

LOCAL ELECTIONS CAMPAIGN FINANCING

(14/03)

## 4222 - STATEMENT OF INCOME AND EXPENSES

### LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE  
Barb Lewis

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

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)  A

Election expenses (from box A on form 4229)

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)  B

LOCAL ELECTIONS CAMPAIGN FINANCING

(14/00)

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

**LOCAL ELECTIONS CANDIDATE**



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NAME OF CANDIDATE <b>Barb Lewis</b>		
<b>All Contributions</b>		
Individuals	20.00	
Corporations	<del>0</del>	
Unincorporated Business/Commercial Organizations	<del>0</del>	
Trade Unions	<del>0</del>	
Non-profit Organizations	<del>0</del>	
Other Identifiable Contributors	<del>0</del>	
Total	\$ 20.00	A
Anonymous contributions	\$ <del>0</del>	B
Total contributions (A + B)	\$ 20.00	C
Total significant contributions (must equal box A on all forms 4224)	\$ <del>0</del>	
Total contributions of less than \$100	\$ 20.00	
Number of contributors who gave less than \$100 # 1		
Number of anonymous contributors # <del>0</del>		

LOCAL ELECTIONS CAMPAIGN FINANCING

(14/08)

4234 - DISBURSEMENT OF SURPLUS FUNDS

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE  
Barb Lewis

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