

4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

Amendment # _____

CANDIDATE'S FULL NAME JANNA LYNN SYLVEST		GENERAL VOTING DAY (YYYY/MM/DD) 2016/10/29	
BALLOT NAME (IF DIFFERENT FROM ABOVE)		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) COUNCILLOR	
MAILING ADDRESS 601 VALHALLA STREET		PHONE NO. 250-608-1434	
CITY / TOWN CASTLEGAR	POSTAL CODE V1N 2J4	EMAIL (IF AVAILABLE) JANNASYLVEST@SHAW.CA	
JURISDICTION CITY OF CASTLEGAR			
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 PEAKE	FIRST NAME ELAINE	MIDDLE NAME FRANCES	
FINANCIAL AGENT'S MAILING ADDRESS 601-11TH STREET		PHONE NO. 250-608-0546	
CITY / TOWN CASTLEGAR	POSTAL CODE V1N 2J8	EMAIL (IF AVAILABLE) EPEAKE@SHAW.CA	
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD) 2016/08/28	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 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
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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 1-800-661-8683, electionsbc@elections.bc.ca or PO Box 9275 Stn Prov Govt Victoria, BC V8W 9J6.

4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT

LOCAL ELECTIONS CANDIDATE



ELECTIONS

A non-partisan Office of the Legislature

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Amendment # _____

CANDIDATE'S FULL NAME JANNA LYNN SYLVEST		GENERAL VOTING DAY (YYYY/MM/DD) 2016/10/29
BALLOT NAME (IF DIFFERENT FROM ABOVE)		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) COUNCILLOR
MAILING ADDRESS 601 VALHALLA STREET		PHONE NO. 250-608-1434
CITY / TOWN CASTLEGAR	POSTAL CODE VIN 2J4	EMAIL (IF AVAILABLE) JANNASYLVEST@SHAW.CA

JURISDICTION CITY OF CASTLEGAR
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 PEAKE	FIRST NAME ELAINE	MIDDLE NAME FRANCES
FINANCIAL AGENT'S MAILING ADDRESS 601-11 STREET		PHONE NO. 250-608-0546
CITY / TOWN CASTLEGAR	POSTAL CODE V1N 2J8	EMAIL (IF AVAILABLE) E.PEAKE@TELUS.NET
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD) 2016/09/16	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 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 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"/>

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SEE AMENDMENT

4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS

LOCAL ELECTIONS CANDIDATE




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NAME OF CANDIDATE
JANNA LYNN SYLVEST


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


DATE (YYYY/MM/DD)
2016/12/09

PRINTED NAME OF CANDIDATE
JANNA LYNN SYLVEST

SIGNATURE OF FINANCIAL AGENT


DATE (YYYY/MM/DD)
2016/12/09

PRINTED NAME OF FINANCIAL AGENT
ELAINE FRANCES PEAKE

Campaign accounts:

NAME OF SAVINGS INSTITUTION
HERITAGE CREDIT UNION

ADDRESS
100-630 17TH STREET, CASTLEGAR, BC V1N 4G7

NAME OF SAVINGS INSTITUTION

ADDRESS

NAME OF SAVINGS INSTITUTION

ADDRESS

NAME OF SAVINGS INSTITUTION

ADDRESS

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This information is collected to administer the Local Elections Campaign Financing Act
 Questions? Contact: Policy Officer, Elections BC
 1-800-661-8622, PO Box 3075 Stn New Caled, Victoria BC V8W 1X6

4222 - STATEMENT OF INCOME AND EXPENSES

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE
 JANNA LYNN SYLVEST

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**

4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE
 JANNA LYNN SYLVEST

		All Contributions	
Individuals		787.19	
Corporations			
Unincorporated Business/Commercial Organizations			
Trade Unions			
Non-profit Organizations			
Other Identifiable Contributors			
Total	\$	787.19	A

Anonymous contributions \$ B

Total contributions (A + B) \$ 787.19 C

Total significant contributions (must equal box A on all forms 4224) \$ 787.19

Total contributions of less than \$100 \$

Number of contributors who gave less than \$100 #

Number of anonymous contributors #

4224 - SIGNIFICANT CONTRIBUTORS (\$100 OR MORE)

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE
 JANNA LYNN SYLVEST

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
2016/09/26	JANNA LYNN SYLVEST		1	135.00
2016/09/29	JANNA LYNN SYLVEST		1	162.00
2016/09/29	CHARLES RALPH PEAKE		1	162.00
2016/10/13	JANNA LYNN SYLVEST		1	275.00
2016/11/15	JANNA LYNN SYLVEST		1	53.19

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	787.19
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 1-800-661-8683 PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6

4229 - SUMMARY OF ELECTION EXPENSES

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE
JANNA LYNN SYLVEST

	Column A Election Expenses	Column B Election Proceedings Period Expenses
ADVERTISING		
Brochures, pamphlets and flyers	174.10	174.10
Internet	17.23	17.23
Newspaper, magazine, journal		
Radio		
Signs and billboards	591.36	591.36
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) BANK TRANSACTION FEES	4.50	4.50
Total Expenses	A 787.19	B 787.19

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.