## 4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT LOCAL ELECTIONS CANDIDATE

### ELECTIONS BC A non-partisan Office of the Legislature

Amen	dment	t #

CANDIDATE'S FULL NAME		GENERAL VOTING DAY (YYYY/MM/DD)
Gill Melin		2016/11/19
BALLOT NAME (IF DIFFERENT FROM ABOVE)		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.)  Councillor
Gill Melin		
MAILING ADDRESS		PHONE NO.
2031 Hunter Cres		250 546-0949
CITY / TOWN	POSTAL CODE	EMAIL (IF AVAILABLE)
Armstrong	V0E 1B1	gilmelin@telus.net
JURISDICTION		
Armstrong		
ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELECTORAL AREA (IF APPI	ICABLE)	
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
G. 1 1Mal:		
FINANCIAL AGENT'S MAILING ADDRESS		PHONE NO.
2031- Hunter CRES		
CITY/TOWN	POSTAL CODE	EMAIL (IF AVAILABLE)
HRMSTRONG BC	VOG 1151	
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)		
If the	re were previous financ	ial agents, complete form 4236.
X 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:		M M M M M M M M M M M M M M M M M M M
This disclosure statement includes the following forms:	_	
Declarations and Campaign Accounts - Form 4221 📈	Summa	ary of Election Expenses - Form 4229
	- 1	
Statement of Income and Expenses – Form 4222	Transfers Giver	n to Elector Organization - Form 4230
Summary of Campaign Contributions by Class - Form 4223 4	Othe	er Permissible Payments - Form 4231
Cuminary of Cumpaign Contributions by Class	J	s. r. s. milosisis r. aymonto
Significant Contributors (\$100 or more) - Form 4224 🔨	] 9	Shared Election Expense - Form 4232
	<b>.</b>	_
Prohibited Campaign Contributions - Form 4225 🟒	Transfers Between Ca	ndidate's Own Accounts - Form 4233 🔍
	- 1	
Transfers Received from Elector Organization - Form 4226	Disburs	sement of Surplus Funds - Form 4234
ou p	ì	
Other Permissible Deposits – Form 4227	Free Adv	rertising from Jurisdiction – Form 4235
Fundraising Function Ticket Sales - Form 4228	] 5	revious Financial Agents - Form 4236
i unulaising i unction floret sales – FORM 4220 &	1 · · ·	revious i ilianidai Agents — Form 4236

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

### ELECTIONS BC A non-partisan Office of the Legislature

NAME OF CANDIDATE Gill Melin	And the second s
Declaration:	
I, the undersigned, declare that to the best of my knowledge and belief, this disclosure statement complete required under the <i>Local Elections Campaign Financing Act</i> (LECFA).	ly and accurately discloses the information
SIGNATURE OF CANDIDATE	DATE: (YYYY/MM/DD) 2016/12/4
PRINTED NAME OF CANDIDATE	continuid describ
SIGNATURE OF FINANCIAL AGENT	DATE: (YYYY/MM/DD)
PRINTED NAME OF FINANCIAL AGENT	
Campaign accounts:	
NAME OF SAVINGS INSTITUTION C 1 B C	
ADDRESS 2550- PLEASANT VALLEY &	LVD
NAME OF SAVINGS INSTITUTION	
ADDRESS	
NAME OF SAVINGS INSTITUTION	
ADDRESS	
NAME OF SAVINGS INSTITUTION	
ADDRESS	

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

### ELECTIONS BC A non-partisan Office of the Legislature

NAME OF CANDIDATE Gill Melin	
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)	В

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



NAME OF CANDIDATE Gill Melin	441	
	All Contributions	,
Individuals		
Corporations		
Unincorporated Business/Commercial Organizations		
Trade Unions		
Non-profit Organizations		
Other Identifiable Contributors		
Total	\$	Α
Anonymous contributions	\$	В
Total contributions (A + B)	\$	С
Total significant contributions (must equal box A on all forms 4224)	\$	
Total contributions of less than \$100	s —	
Number of contributors who gave less than \$100	#	]
Number of anonymous contributors	#	]

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



NAME OF CANDIDATE				PAGE
Gill Melin			9.5	OF
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
		·		
	/			
F NEEDED, ATTACH ADDI CLASS OF CONTRIBUTO 1 – INDIVIDUAL, 2 – COR 4 – TRADE UNION 5 – NO	ITIONAL FORMS  IR:  PORATION, 3 – UNINCORPORATED BUSINESS/COI  DN-PROFIT ORGANIZATION, 6 – OTHER IDENTIFIA	MMERCIAL ORGANIZATION CONTRIB	TOTAL	A

### **4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS**

#### LOCAL ELECTIONS CANDIDATE



Gill Melin				OF
STRUCTIONS: Complete one s Attach additiona	heet for each prohi al forms if necessa	ibited campaign cox ry.	tribution received.	
RECEIVED FROM	_ DATE		DATE	DATE REMITTED TO
INDIVIDUAL ORGANIZATION	RECEIVED (YYYY/MM/DD)	VALUE	RETURNED (YYYY/MM/DD)	R ELECTIONS BC (YYYY/MM/DD)
ANONYMOUS				
ESCRIPTION OF HOW THE PROHIBITED CO	ONTRIBUTION WAS REC	IVED		i de la composição de la c
intiber 1. The Asset Control of the		Additional Control of the Control of		
omplete this field if the prohibit	ed campaion contr	ibution was received	d from an individual:	
AME OF INDIVIDUAL		ibudon nas receive	Thom an individual.	
		WWW.		
omplete these fields if the proh	ibited campaign co	intribution was recei	ved from an organization	
AME OF ORGANIZATION	/		recentom an organización	CLASS*
WE OF OTTO/WIE/TION				
/				
AILING ADDRESS				
/		NAME OF DIRE	CTOR	
AILING ADDRESS		NAME OF DIRE	CTOR	

# **4226 - TRANSFERS RECEIVED FROM ELECTOR ORGANIZATION**

#### **LOCAL ELECTIONS CANDIDATE**



NAME OF CANDIDATE				PAGE
Gill Melin				OF
DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	V. TF	ALUE OF RANSFER
		<u>.</u>		
Also include legal name if c	different than ballot name.	TOTAL	A	

# 4227 - OTHER PERMISSIBLE DEPOSITS TO CAMPAIGN ACCOUNT LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE Gill Melin				PAGE OF
DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AN	MOUNT
				· · · · · · · · · · · · · · · · · · ·
				,
TYPE: I – Interest D – Dividends of shares p S – Surplus funds from pro	aid by credit u	TOTAL	A	

O - Other (describe)

F - Fundraising income not reported as a campaign contribution

### **4228 - FUNDRAISING FUNCTION TICKET SALES**

#### LOCAL ELECTIONS CANDIDATE

PLEASE PRINT IN BLOCK LETTERS

SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD



NAME OF CANDIDATE					PAGE
Gill <b>Me</b> lin					of [
DATE OF EVENT (YYYY/MM/DD)	DESCRIPTION	ON OF FUNDRAISING EV	ENT		
				/	
Income reported as campaign	contributio	ons			
					Tick if
		Number of Tickets Sold	Charge per Ticket	Total Charges Collected	Charge per Ticket Varies
Purchases by org	ganizations				
Purchases by individuals of	more than				
\$250 wort Purchases by individual	th of tickets				
that are more that					
	Total	income reported as	campaign contribution	ns en	<b>L</b>
			our pargri contribution		
Remember to report all campa and if applicable, on form 422 Other income not reported as	4 - Significa	int Contributors (\$	100 or more).		,
suiot moomo not reported as		y in ibutions			
					Tick if
		Number of Tickets Sold	Charge per Ticket	Total Charges Collected	Tick if Charge per Ticket Varies
Purchases by inc			Charge per Ticket	Total Charges Collected	Charge per Ticket
	dividuals of \$50 or less		Charge per Ticket	Total Charges Collected	Charge per Ticket
			Charge per Ticket	Total Charges Collected	Charge per Ticket
			Charge per Ticket	Total Charges Collected	Charge per Ticket
			Charge per Ticket	Total Charges Collected	Charge per Ticket
			Charge per Ticket	Total Charges Collected	Charge per Ticket

## 4229 - SUMMARY OF ELECTION EXPENSES LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE		
Gill Melin		
	Column A	Column B
ADVERTISING	Election Expenses	Election Proceedings Period Expenses
Brochures, pamphlets and flyer		Period Expenses
Interne		<del>                                     </del>
Newspaper, magazine, journa		<del>                                     </del>
Radi		1 /
Signs and billboard		<u> </u>
Televisio		
Other advertising	g /	
CAMPAIGN ADMINISTRATION		J [
Salaries and wage	s /	
Rent, insurance and utilities	<del></del>	
Courier and postage	e /	
Furniture and equipmen	nt /	
Office supplie:	s	
Professional services	s	
Other campaign administration expense	<i>[</i>	
Conventions and meetings	s	
Other campaign related functions	s	
Research and polling	g	
Interes	t	
EXCLUSIONS THAT MUST BE REPORTED		
Personal election expenses	S	
Interest on loan's for election expenses	S	
Legal and accounting services	3	
Financial agent services	3	
Other expenses (describe)		
Total Expense	s A	В
	,	
olumn A - Report the value of all election expenses for goods and services used in the campaign	period.	
olumn B - Report the value of all election expenses for goods and services used in the election pr	oceedings period.	
·		

## 4230 - TRANSFERS GIVEN TO ELECTOR ORGANIZATION LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE Gill Melin				PAGE OF
DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VA TR	LUE OF ANSFER
				-
				·
			-	
Also include legal name if d	ifferent than ballot name.	TOTAL	A	

## 4231 - OTHER PERMISSIBLE PAYMENTS FROM CAMPAIGN ACCOUNT

#### LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE Gill Melin				PAGE OF
DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	A	MOUNT
				·
		/		
<u> </u>				
*TYPE: B – Bank fees		TOTAL	A	
E – Intended election expe F – Payments made for ful N – Nomination deposit O – Other (describe)	ense that wa ndraising pu	e pet used		

### **4232 - SHARED ELECTION EXPENSE**

#### LOCAL ELECTIONS CANDIDATE





NAME OF CANDIDATE Gill Melin		PAGE	
DESCRIPTION OF SHARED EXPENSE			
		/	
	Total value of shared	d 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	on of the shared expense as an election	n avnance on form 4220. Summer of	
Election Expenses.	on the shared expense as all election	ii expense on form 4229 - Summary of	
Full names of other candidates with wh	om the expense was shared:		
LAST NAME	FIRST NAME	MIDDLE NAME	
		·	
(			

# 4233 - TRANSFERS BETWEEN CANDIDATE'S OWN CAMPAIGN ACCOUNTS



#### LOCAL ELECTIONS CANDIDATE

NAME OF CANDIDATE		PAGE		
Gill Melin		OF		
Transfers between can	didate's own campaign accounts in same jurisdiction			
	PURPOSE AMOUNT			
0	500			
Transfers from candida	te's own campaign accounts in other jurisdictions			
DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)	AMOUNT		
	TOTAL	A		
Transfers to candidate's	s own campaign accounts in other jurisdictions			
DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)	AMOUNT		
	,			
<del></del>				
	TOTAL	В		
	The amounts in boxes <b>A</b> and <b>B</b> must be carried forward to form <b>4222</b> .			

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



<u></u>		
NAME OF CANDIDATE		
Gill Melin		
	Balance remaining in campaign account(s) after payment of all expenses	Α
	and paying it of all syponosis	^
	Total amount of campaign contributions from candidate	В
	to the same and to the purger confidence in our controlled	
Amount reimbursed to	o candidate from campaign account for the candidate's contributions to their campaign	С
	a same new campaign account for the candidate occurring to their campaign	
	Date of reimbursement to candidate (YYYY/MM/DD)	
	Julio St. Tollinourio St. Tollinourio St. Transpirio St. Tollinourio St. Tolli	
	Amount of remaining surplus funds (after any reimbursement under box C)	D
	y under the maining durples fairles (after any reimbursement under box c)	U
If the amount in B	ox 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 Ro	ox D is less than \$500 provide details of how it was disbursed.	
	A D is less than \$500 provide details of now it was dispursed.	
DATE (YYYY/MM/DD)	DESCRIPTION	AMOUNT
	/	
<del></del>		

### 4235 - FREE ADVERTISING FROM JURISDICTION LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE		
Gill Melin		
Olli Melli		
Free advertising pr	ovided by jurisdiction	
DATE ADVERTISING WAS TRANSMITTED (YYYY/MM/DD)	JURISDICTION	MEANS OF TRANSMISSION (WEBSITE, FLYER, ETC.)
	<b>/</b>	

## 4236 - PREVIOUS FINANCIAL AGENTS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE Gill Melin	THE PROPERTY OF THE PROPERTY O		
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)			
FINANCIAL AGENT'S LAST NAME	FIRST NAME	manyor - sansangan shi 880 ga a shi sa sansangan shi sa sansangan shi sa sansangan shi sa sansangan shi sa san	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)	Committee of the Commit		
FINANCIAL AGENT'S LAST NAME	FIRST NAME		MIDDLE NAME
FINANCIAL AGENT MAIN AG ADDRESS			PHONE NO.
CITY/TOWN		POSTAL CODE	EMAIL (IF AVAILABLE)