

4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

Amendment # _____

CANDIDATE'S FULL NAME Eileen Wilke		GENERAL VOTING DAY (YYYY/MM/DD) 2016/11/19	
BALLOT NAME (IF DIFFERENT FROM ABOVE) Eileen Wilke		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) Councillor	
MAILING ADDRESS PO Box 381		PHONE NO. 604 229-6575	
CITY / TOWN Lions Bay	POSTAL CODE V0N 2E0	EMAIL (IF AVAILABLE) afternoon.t.4.2@gmail.com	
JURISDICTION Lions Bay			
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.		
<input checked="" 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 checked="" type="checkbox"/>
Summary of Campaign Contributions by Class – Form 4223 <input type="checkbox"/>	Other Permissible Payments – Form 4231 <input checked="" type="checkbox"/>
Significant Contributors (\$100 or more) – Form 4224 <input checked="" type="checkbox"/>	Shared Election Expense – Form 4232 <input checked="" type="checkbox"/>
Prohibited Campaign Contributions – Form 4225 <input checked="" type="checkbox"/>	Transfers Between Candidate's Own Accounts – Form 4233 <input checked="" type="checkbox"/>
Transfers Received from Elector Organization – Form 4226 <input checked="" type="checkbox"/>	Disbursement of Surplus Funds – Form 4234 <input checked="" type="checkbox"/>
Other Permissible Deposits – Form 4227 <input checked="" type="checkbox"/>	Free Advertising from Jurisdiction – Form 4235 <input checked="" type="checkbox"/>
Fundraising Function Ticket Sales – Form 4228 <input checked="" type="checkbox"/>	Previous Financial Agents – Form 4236 <input type="checkbox"/>

4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE

Eileen Wilke

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

Eileen Wilke

DATE: (YYYY/MM/DD)

2017/01/11

PRINTED NAME OF CANDIDATE

EILEEN WILKE

SIGNATURE OF FINANCIAL AGENT

Eileen Wilke

DATE: (YYYY/MM/DD)

2017/01/11

PRINTED NAME OF FINANCIAL AGENT

EILEEN WILKE

Campaign accounts:

NAME OF SAVINGS INSTITUTION

VANCITY

ADDRESS

1402 MARINE DRIVE / WEST VANCOUVER / V7T 1B7

NAME OF SAVINGS INSTITUTION

ADDRESS

NAME OF SAVINGS INSTITUTION

ADDRESS

NAME OF SAVINGS INSTITUTION

ADDRESS

4222 - STATEMENT OF INCOME AND EXPENSES

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE Eileen Wilke	
Total value of campaign contributions from all sources (from box C on form 4223)	72.57
Transfers received from elector organization (from box A on form 4226)	0
Total other permissible deposits (from box A on form 4227)	0
Transfers from candidate's own accounts in other jurisdictions (from box A on form 4233)	0
Total Income (sum of above boxes)	<input type="text"/> A
Election expenses (from box A on form 4229)	
Transfers to elector organization (from box A on form 4230)	<input type="text"/>
Total other permissible payments (from box A on form 4231)	<input type="text"/>
Transfers to candidate's own accounts in other jurisdictions (from box B on form 4233)	<input type="text"/>
Amount of surplus funds disbursed (from box A on form 4234)	<input type="text"/>
Total Expenditures (sum of above boxes)	<input type="text"/> B

4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE
Eileen Wilke

		All Contributions	
Individuals		72.57	
Corporations			
Unincorporated Business/Commercial Organizations			
Trade Unions			
Non-profit Organizations			
Other Identifiable Contributors			
Total	\$	72.57	A
Anonymous contributions	\$	0	B
Total contributions (A + B)	\$	72.57	C
Total significant contributions (must equal box A on all forms 4224)	\$	0	
Total contributions of less than \$100	\$	0	

Number of contributors who gave less than \$100 # 0

Number of anonymous contributors # 0

4224 - SIGNIFICANT CONTRIBUTORS (\$100 OR MORE)

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE
Eileen Wilke

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
2016.10.18	EILEEN WILKE	[REDACTED]	1	72.57

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**

4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE Eileen Wilke	PAGE <input style="width: 20px;" type="text" value="1"/> OF <input style="width: 20px;" type="text" value="1"/>
INSTRUCTIONS: Complete one sheet for each prohibited campaign contribution received. Attach additional forms if necessary.	

RECEIVED FROM	DATE RECEIVED (YYYY/MM/DD)	\$ VALUE	DATE RETURNED (YYYY/MM/DD)	OR	DATE REMITTED TO ELECTIONS BC (YYYY/MM/DD)
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ORGANIZATION <input type="checkbox"/> ANONYMOUS					
DESCRIPTION OF HOW THE PROHIBITED CONTRIBUTION WAS RECEIVED					
Complete this field if the prohibited campaign contribution was received from an individual:					
NAME OF INDIVIDUAL					
Complete these fields if the prohibited campaign contribution was received from an organization:					
NAME OF ORGANIZATION					CLASS*
MAILING ADDRESS					
NAME OF DIRECTOR			NAME OF DIRECTOR		

* 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 LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE Eileen Wilke

PAGE 1 OF 1

Table with 4 columns: DATE OF TRANSFER (YYYY/MM/DD), BALLOT NAME OF ELECTOR ORGANIZATION*, DESCRIPTION (IF NON-MONETARY), VALUE OF TRANSFER. The first cell contains 'N/A'.

*Also include legal name if different than ballot name.

TOTAL A

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



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NAME OF CANDIDATE Eileen Wilke	PAGE <input style="width: 20px; text-align: center;" type="text" value="1"/> OF <input style="width: 20px; text-align: center;" type="text" value="1"/>
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DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AMOUNT
		N/A	
TOTAL			A

* TYPE:
 I - Interest
 D - Dividends of shares paid by credit union
 S - Surplus funds from previous election returned by jurisdiction
 F - Fundraising income not reported as a campaign contribution
 O - Other (describe)

4228 - FUNDRAISING FUNCTION TICKET SALES

LOCAL ELECTIONS CANDIDATE

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SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD

NAME OF CANDIDATE Eileen Wilke		PAGE <input style="width: 20px; text-align: center;" type="text" value="1"/>
		OF <input style="width: 20px; text-align: center;" type="text" value="1"/>
DATE OF EVENT (YYYY/MM/DD)	DESCRIPTION OF FUNDRAISING EVENT <div style="text-align: center; font-size: 1.5em; font-family: cursive;">N/A</div>	

Income reported as campaign contributions

	Number of Tickets Sold	Charge per Ticket	Total Charges Collected	Tick if 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 income reported as campaign contributions				

Remember to report all campaign contributions on form 4223 - Summary of Campaign Contributions by Class, and if applicable, on form 4224 - Significant Contributors (\$100 or more).

Other income not reported as campaign contributions

	Number of Tickets Sold	Charge per Ticket	Total Charges Collected	Tick if Charge per Ticket Varies
Purchases by individuals of tickets of \$50 or less				

4229 - SUMMARY OF ELECTION EXPENSES

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE

Eileen Wilke

	Column A Election Expenses	Column B Election Proceedings Period Expenses
ADVERTISING		
Brochures, pamphlets and flyers	137.99	137.99
Internet	5	5
Newspaper, magazine, journal	0	-
Radio	0	-
Signs and billboards	1	1
Television	0	-
Other advertising	0	-
CAMPAIGN ADMINISTRATION		
Salaries and wages	0	-
Rent, insurance and utilities	0	-
Courier and postage	0	-
Furniture and equipment	0	-
Office supplies	0	-
Professional services	0	-
Other campaign administration expenses	0	-
Conventions and meetings	0	-
Other campaign related functions	0	-
Research and polling	0	-
Interest	0	-
EXCLUSIONS THAT MUST BE REPORTED		
Personal election expenses	0	-
Interest on loans for election expenses	0	-
Legal and accounting services	0	-
Financial agent services	0	-
Other expenses (describe)		
Total Expenses	A 143.99	B 143.99

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.

4230 - TRANSFERS GIVEN TO ELECTOR ORGANIZATION

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE Eileen Wilke	PAGE <input style="width:20px" type="text" value="1"/>
	OF <input style="width:20px" type="text" value="1"/>

DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER
	NA		
TOTAL			A

*Also include legal name if different than ballot name.

**4231 - OTHER PERMISSIBLE PAYMENTS
FROM CAMPAIGN ACCOUNT
LOCAL ELECTIONS CANDIDATE**



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NAME OF CANDIDATE Eileen Wilke	PAGE <input type="text" value="7"/> OF <input type="text" value="1"/>
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DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AMOUNT
		N/A	

* TYPE:
B - Bank fees
E - Intended election expense that was not used
F - Payments made for fundraising purposes
N - Nomination deposit
O - Other (describe)

TOTAL	A	
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4232 - SHARED ELECTION EXPENSE

LOCAL ELECTIONS CANDIDATE

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SUBMIT A SEPARATE FORM FOR EACH SHARED ELECTION EXPENSE

NAME OF CANDIDATE Eileen Wilke	PAGE <input style="width: 20px;" type="text" value="1"/> OF <input style="width: 20px;" type="text" value="1"/>
DESCRIPTION OF SHARED EXPENSE <div style="text-align: center; font-size: 2em; margin-top: 10px;">N/A</div>	
Total value of shared election expense	<input style="width: 100%;" type="text"/>
Candidate's portion of shared election expense*	<input style="width: 100%;" type="text"/>
Amount paid directly to supplier (if applicable)	<input style="width: 100%;" type="text"/>
Amount of reimbursements given to other candidate(s)	<input style="width: 100%;" type="text"/>
Amount of reimbursements received from other candidates	<input style="width: 100%;" type="text"/>

***Note: Remember to include your portion of the shared expense as an election expense on form 4229 - Summary of Election Expenses.**

Full names of other candidates with whom the expense was shared:

LAST NAME	FIRST NAME	MIDDLE NAME

**4233 - TRANSFERS BETWEEN CANDIDATE'S
OWN CAMPAIGN ACCOUNTS**
LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE Eileen Wilke

PAGE	1
OF	1

Transfers between candidate's own campaign accounts in same jurisdiction

PURPOSE	AMOUNT
N/A	

Transfers from candidate'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 own campaign accounts in other jurisdictions

DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)	AMOUNT
TOTAL		B

The amounts in boxes **A** and **B** must be carried forward to form **4222**.

4234 - DISBURSEMENT OF SURPLUS FUNDS

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE	Eileen Wilke
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Balance remaining in campaign account(s) after payment of all expenses	27.43	A
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Total amount of campaign contributions from candidate	100.00	B
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Amount reimbursed to candidate from campaign account for the candidate's contributions to their campaign	27.43	C
--	-------	---

Date of reimbursement to candidate (YYYY/MM/DD)	2016.12.15
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Amount of remaining surplus funds (after any reimbursement under box C)	0	D
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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).

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If the amount in Box D is less than \$500 provide details of how it was disbursed.

DATE (YYYY/MM/DD)	DESCRIPTION	AMOUNT
2016.12.15	CLOSED ACCOUNT AND TRANS BACK TO ME	27.43

4235 - FREE ADVERTISING FROM JURISDICTION

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE

Eileen Wilke

Free advertising provided by jurisdiction

DATE ADVERTISING WAS TRANSMITTED (YYYY/MM/DD)	JURISDICTION	MEANS OF TRANSMISSION (WEBSITE, FLYER, ETC.)
2016.10.14	VILLAGE L.B	VILLAGE WEBSITE

4236 - PREVIOUS FINANCIAL AGENTS

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE Eileen Wilke			
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD) 2016-10-04			
FINANCIAL AGENT'S LAST NAME WILKE	FIRST NAME EILEEN		MIDDLE NAME MAY
FINANCIAL AGENT MAILING ADDRESS Box 381			PHONE NO.
CITY/TOWN LIONS BAY		POSTAL CODE V8N 1Z69	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)