4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT

LOCAL ELECTIONS CANDIDATE



Amendment #___

CANDIDATE'S FULL NAME			GENERAL VOTING DAY (YYYY/MM/DD)
David Jones			2016/11/19
BALLOT NAME (IF DIFFERENT FROM ABOVE)			OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.)
David Jones			Councillor
MAILING ADDRESS		1000000	PHONE NO.
103-540 Waters Edge Cres			604 767-6847
CITY / TOWN		POSTAL CODE	EMAIL (IF AVAILABLE)
West Vancouver		V7T 0A2	jones@jonescustomframing.com
JURISDICTION			
West Vancouver			
ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE	ELECTORAL AREA (IF APPLIC	CABLE)	
	•	,	
BALLOT NAME OF ENDORSING ELECTOR ORGANI	IZATION (IF APPLICABLE)		
LEGAL NAME OF ENDORSING ELECTOR ORGANIZ	'ATION (IF APPLICABLE)		
FINANCIAL AGENT'S LAST NAME	FIRST NAME		MIDDLE NAME
THE WASTE ASSETTED BY A THE WASTE ASSETTED BY A STATE OF THE BOARD	TINGTIVANIE		MIDDLE NAME
FINANCIAL AGENT'S MAILING ADDRESS			PHONE NO.
			PHONE NO.
CITY / TOWN		POSTAL CODE	EMAIL (IF AVAILABLE)
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/D	D)		
	If there	were previous finan	icial agents, complete form 4236.
X Tick if candidate acted as their own fina	ancial agent	Tick if candidate	e was registered as a third party sponsor
This displacement is also be 5.11.		_	
This disclosure statement includes the follow	ving forms:		
Declarations and Campaign Accou	nts – Form 4221 🗍	Sumn	nary of Election Expenses - Form 4229
Statement of Income and Expens	ses - Form 4222	Transfers Give	en to Elector Organization - Form 4230
Summary of Campaign Contributions by Cla	ass – Form 4223 🚺	Oth	ner Permissible Payments - Form 4231
Significant Contributors (\$100 or mo	ore) - Form 4224		Shared Election Expense - Form 4232
Prohibited Campaign Contribution	ons – Form 4225	Transfers Between C	Candidate's Own Accounts - Form 4233
Transfers Received from Elector Organizati	ion – Form 4226	/ Disbu	rsement of Surplus Funds - Form 4234
Other Permissible Depos		•	
·			vertising from Jurisdiction - Form 4235
Fundraising Function Ticket Sa	les – Form 4228 <u></u>	1	Previous Financial Agents - Form 4236

4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE	
David Jones	
Declaration:	
, the undersigned, declare that to the best of my knowledge and belief, this d	isclosure statement completely and accurately discloses the information
equired under the Local Elections Campaign Financing Act (LECFA).	
SIGNATURE OF CANDIDATE	DATE: (YYYY/MM/DD)
	2017.01.15.
PRINTED NAME OF CANDIDATE	
DAVID A. JONES	
SIGNATURE OF FINANCIAL AGENT	DATE: (YYYY/MM/DD)
PRINTED NAME OF FINANCIAL AGENT	
Campaign accounts:	
NAME OF SAVINGS INSTITUTION	That Device the Page 17 The Page 19
ADDRESS	
NAME OF SAVINGS INSTITUTION	returned to the state of the st
ADDRESS	
NAME OF SAVINGS INSTITUTION	PARENTERS AND
ADDRESS	
Transferring and the Team of Landing and the Control of the Contro	
NAME OF SAVINGS INSTITUTION	
ADDRESS	

4222 - STATEMENT OF INCOME AND EXPENSES LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE David Jones	
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)	2,122,53 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)	Ø
Total Expenditures (sum of above boxes)	2,122.53 B

4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE David Jones	-	
	All Contributions	
Individuals	2,122,53	
Corporations		
Unincorporated Business/Commercial Organizations		
Trade Unions		
Non-profit Organizations		
Other Identifiable Contributors		
Total	\$ 2,122.53	A
Anonymous contributions	\$	В
Total contributions (A + B)	\$ 2, 172. 53	С
Total significant contributions (must equal box A on all forms 4224)	\$2,122.53	
Total contributions of less than \$100	\$]
Number of contributors who gave less than \$100	# 8	
Number of anonymous contributors	#	

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



avid Jones		p = 200 m		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
est.			Þ	
2016.11.0	Don Decottis		1	\$1000
016.11.21.	Don Decottis Fran Jones		\	\$1,122
		41.7/4.0		, , ,
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		Hadden de		
-				
EEDED, ATTACH A	ADDITIONAL FORMS		TOTAL FRIBUTIONS	A 2122!

4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS LOCAL ELECTIONS CANDIDATE



	DATE RECEIVED RYY/MM/DD)	ited campaign con	DATE RETURNED	OF DATE REMITTED TO ELECTIONS BC
RECEIVED FROM INDIVIDUAL ORGANIZATION	ns if necessary DATE RECEIVED		DATE RETURNED	
☐ INDIVIDUAL ☐ ORGANIZATION (Y)	RECEIVED	\$ VALUE	RETURNED	
ANONYMOUS	1		(YYYY/MM/DD)	(YYYY/MM/DD)
Complete this field if the prohibited ca	paigii contin	Addi was levelve		
Complete these fields if the prohibited	l campaign con	tribution was recei	ved from an organiz	ation:
NAME OF ORGANIZATION				CLASS*
MAILING ADDRESS				
NAME OF DIRECTOR		NAME OF DIRE	CTOR	

^{*}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

ELECTIONS BC A non-partisan Office of the LOCAL ELECTIONS CANDIDATE

PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE David Jones				PAGE
				OF
DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VAL TRA	UE OF NSFER
!				
				-
			- 11.	
			- · · · · ·	
			-	
				
Also include legal name if o	different than hallot name			-
	single train pailot flaffic.	TOTAL	$\mathbf{A} \mid \mid ()$	

This form is available for public inspection. ORIGINAL — ELECTIONS BC PLEASE KEEP A COPY FOR YOUR RECORDS

This information is collected to administer the Local Elections, Campaign Financing Act. Questions? Contact: Privacy Officer, Elections BC 1-800-661-8683 PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6

4227 - OTHER PERMISSIBLE DEPOSITS TO CAMPAIGN ACCOUNT



LOCAL ELECTIONS CANDIDATE
PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE David Jones				PAGE OF
DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	A	MOUNT
*TYPE: I – Interest D – Dividends of shares p S – Surplus funds from pr	paid by credit	TOTAL union on returned by jurisdiction as a campaign contribution	A	Ø
F - Fundraising income n	ot reported a	s a campaign contribution	(

O - Other (describe)

4228 - FUNDRAISING FUNCTION TICKET SALES

LOCAL ELECTIONS CANDIDATE





					PAGE
David Jones					OF _
ATE OF EVENT (YYYY/MM/DD)	ESCRIPTIC	ON OF FUNDRAISING EVE	NT		
ncome reported as campaign co	ntributio	ine			
meeme reperiou ue cumpuigii co					Tick if
		Number of Tickets Sold	Charge per Ticket	Total Charges Collected	Charge per Ticket Varies
Purchases by organi	zations				
Purchases by individuals of mo \$250 worth of					
Purchases by individuals of that are more than \$5					
	Total i	ncome reported as	campaign contribution	ns	
Remember to report all campaign and if applicable, on form 4224 - S Other income not reported as can	Significa	nt Contributors (\$ ⁻	:3 - Summary of Can 100 or more).	npaign Contributio	ns by Class, Tick if Charge per
		Number of Tickets Sold	Charge per Ticket	Total Charges Collected	Ticket Varies
Purchages by individ	uolo of [
Purchases by individ tickets of \$50					

4229 - SUMMARY OF ELECTION EXPENSES LOCAL ELECTIONS CANDIDATE



	Column A	Column B
ADVERTISING	Election Expenses	Election Proceeding Period Expenses
Brochures, pamphlets and flyers	5059 W	Period Expenses
Internet	7.201.	
Newspaper, magazine, journal		
Radio		
Signs and billboards	1863.53	
Television	1000.	
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)		
		
Total Expenses	A 2122 53	В
	7102.	

4230 - TRANSFERS GIVEN TO ELECTOR ORGANIZATION LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE David Jones			PAGE
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 (/)

This form is available for public inspection.

ORIGINAL — ELECTIONS BC

PLEASE KEEP A COPY FOR YOUR RECORDS

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Questions? Contact: Privacy Officer, Elections BC

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

NAME OF CANDIDATE

4231 - OTHER PERMISSIBLE PAYMENTS FROM CAMPAIGN ACCOUNT

LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE David Jones			PAGE 1
DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AMOUNT
			-
-			
Th.			
· · · · · · · · · · · · · · · · · · ·			
PE: Bank fees Intended election expe	ense that wa	TOTAL (s not used	A ()
Intended election expe Payments made for ful Nomination deposit Other (describe)	ndraising pu	poses	

4232 - SHARED ELECTION EXPENSE

LOCAL ELECTIONS CANDIDATE

PLEASE PRINT IN BLOCK LETTERS



SUBMIT A SEPARATE FORM FOR EACH SHARED ELECTION EXPENSE

NAME OF CANDIDATE		PAGE
David Jones		OF /
DESCRIPTION OF SHARED EXPENSE		
	Total value of shared	d election expense
	rotal value of shares	a cicolon expense
	Candidate's portion of shared	election expense*
	Amount paid directly to su	pplier (if applicable)
	Amount of reimbursements given to	o other candidate(s)
	Amount of reimbursements received fro	m other candidates
*Note: Remember to include your pe	ortion of the shared expense as an electio	n expense on form 4229 - Summary of
Election Expenses.		•
Full names of other candidates with	whom the expense was shared:	
Full names of other candidates with	whom the expense was shared:	MIDDLE NAME
		MIDDLE NAME

4233 - TRANSFERS BETWEEN CANDIDATE'S OWN CAMPAIGN ACCOUNTS

LOCAL ELECTIONS CANDIDATE

5.6	ELECTIONS A non-partisan Office of the Leg	
	A non-partisan Office of the Leg	jislature

AME OF CANDIDATE David Jones			PAGE OF
ansfers between candidate's	s own campaign accounts in same jurisdiction		
	PURPOSE		AMOUNT
Cashal D	obertion		
	n campaign accounts in other jurisdictions		71.4
DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)		AMOUNT
1			
		70711	7
		TOTAL	A
ansfers to candidate's own o	campaign accounts in other jurisdictions		
DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)		AMOUNT
			
		TOTAL	
		TOTAL	B (/)

4234 - DISBURSEMENT OF SURPLUS FUNDS LOCAL ELECTIONS CANDIDATE



Balance remaining in campaign account(s) after payment of all expenses Total amount of campaign contributions from candidate Amount reimbursed to candidate from campaign account for the candidate's contributions to their campaign Date of reimbursement to candidate (YYYY/MM/DD) Amount of remaining surplus funds (after any reimbursement under box C) 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. DESCRIPTION AMOUNT AMOUNT	NAME OF CANDIDATE		
Balance remaining in campaign account(s) after payment of all expenses Total amount of campaign contributions from candidate Amount reimbursed to candidate from campaign account for the candidate's contributions to their campaign Date of reimbursement to candidate (YYYY/MM/DD) Amount of remaining surplus funds (after any reimbursement under box C) 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.			
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Amount reimbursed to candidate from campaign account for the candidate's contributions to their campaign Date of reimbursement to candidate (YYYY/MM/DD) Amount of remaining surplus funds (after any reimbursement under box C) 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.			,
Amount reimbursed to candidate from campaign account for the candidate's contributions to their campaign Date of reimbursement to candidate (YYYY/MM/DD) Amount of remaining surplus funds (after any reimbursement under box C) 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.		Balance remaining in campaign account(s) after payment of all expenses	6
Amount reimbursed to candidate from campaign account for the candidate's contributions to their campaign Date of reimbursement to candidate (YYYY/MM/DD) Amount of remaining surplus funds (after any reimbursement under box C) 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.			
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Amount of remaining surplus funds (after any reimbursement under box C) 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.	Amount reimbursed to car	ndidate from campaign account for the candidate's contributions to their campaign	
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 of reimbursement to candidate (YYYY/MM/DD)	WA
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.		Amount of remaining surplus funds (after any reimbursement under box C)	J
	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).	
CYYYY/MM/DD) DESCRIPTION AMOUNT AMOUNT AMOUNT	If the amount in Box D	is less than \$500 provide details of how it was disbursed.	
	DATE (YYYY/MM/DD)	DESCRIPTION	AMOUNT
			1

4235 - FREE ADVERTISING FROM JURISDICTION LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE		
David Jones		
Free advertising provide	ed by jurisdiction	
DATE ADVERTISING WAS TRANSMITTED (YYYY/MM/DD)	JURISDICTION	MEANS OF TRANSMISSION (WEBSITE, FLYER, ETC.)
		•
	·	

4236 - PREVIOUS FINANCIAL AGENTS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE			province and the state of the second
David Jones			
	10.000.000.000.000.000.000.000.000.000.		
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)			
FINANCIAL AGENT'S LAST NAME	FIRST NAME		
THANOIRE AGENT GEAGT NAIME	FIRST NAME		MIDDLE NAME
FINANCIAL AGENT MAILING ADDRESS			PHONE NO.
CITY/TOWN		POSTAL CODE	EMAIL (IF AVAILABLE)
		1	
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)			
FINANCIAL AGENT'S LAST NAME	FIRST NAME		MIDDLE NAME
FINANCIAL AGENT MAILING ADDRESS			PHONE NO.
CITY/TOWN		DOOTH CODE	
CITITIOWN		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.
THE WALL RELIEF TO A DEFICE OF			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
	THO THUME		WIDDLE IVANIC
FINANCIA AGENTANA NA PARA PARA PARA PARA PARA PARA PAR			
FINANCIAL AGENT MAILING ADDRESS			PHONE NO.
CITY/TOWN		POSTAL CODE	EMAIL (IF AVAILABLE)
		1	·