4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT LOCAL ELECTIONS CANDIDATE



Amendment #	

CANDIDATE'S FULL NAME			GENERAL VOTING DAY (YYYY/MM/DD)	
Doug McMynn			2016/12/03	
BALLOT NAME (IF DIFFERENT FROM ABOVE)		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.)		
	Doug McMynn		Mayor	
	MAILING ADDRESS		PHONE NO.	
PO Box 8		· · · · · · · · · · · · · · · · · · ·	250 449-2403	
CITY / TOWN		POSTAL CODE	EMAIL (IF AVAILABLE)	
Midway		V0H 1M0	dcmcmynn@shaw.ca	
JURISDICTION				
Midway				
ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELEC	TORAL AREA (IF APPLI	CABLE)		
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION	ON (IF APPLICABLE)			
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION	N (IF APPLICABLE)			
FINANCIAL AGENT'S LAST NAME F	FIRST NAME		MIDDLE NAME	
THU WHO I LETTER TO LETTER TO THE TOTAL TO T	THO THE MILE		INDUCTION OF THE PROPERTY OF T	
FINANCIAL AGENT'S MAILING ADDRESS	<u> </u>		PHONE NO.	
CITY / TOWN		POSTAL CODE	EMAIL (IF AVAILABLE)	
		1	, , ,	
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)				
	If then	e were previous financi	al agents, complete form 4236.	
▼ Tick if candidate acted as their own financia	al agent	Tick if candidate v	was registered as a third party sponsor	
This disclosure statement includes the following f	forms:			
Declarations and Campaign Accounts -	– Form 4221 🕺	Summa	ry of Election Expenses – Form 4229	
Statement of Income and Expenses	– Form 4222 🔀	Transfers Given	to Elector Organization - Form 4230 🗶	
Summary of Campaign Contributions by Class	– Form 4223	Othe	r Permissible Payments - Form 4231 🔀	
Significant Contributors (\$100 or more)	- Form 4224 💟	S	hared Election Expense - Form 4232	
organicant contributors (\$100 or more)	101111 4224 IA	O.	Tured Election Expense — 1 om 4202	
Prohibited Campaign Contributions -	– Form 4225 💢	Transfers Between Car	ndidate's Own Accounts - Form 4233	
7 min 4200 X				
Transfers Received from Elector Organization -	– Form 4226 🔀	Disburse	ement of Surplus Funds - Form 4234 🔀	
Other Permissible Deposits -	– Form 4227 🔀	Free Adve	ertising from Jurisdiction - Form 4235	
Franchista Francis Francis C	F 4000 571	_		
Fundraising Function Ticket Sales -	— Form 4228 X	Pn	evious Financial Agents – Form 4236 🔀	

4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE	
Doug McMynn	The state of the s
Declaration:	
the undersigned, declare that to the best of my knowledge and belief, this disclosure statement compequired under the <i>Local Elections Campaign Financing Act</i> (LECFA).	pletely and accurately discloses the information
SIGNATURE OF CANDIDATE	DATE: (YYYY/MM/DD)
Douglas C MCMyna	20/6/12/07
PRINTED NAME OF CANDIDATE	
Douglas C MCMynn	
SIGNATURE OF FINANCIAL AGENT	DATE: (YYYY/MM/DD)
PRINTED NAME OF FINANCIAL AGENT	
ampaign accounts:	
NAME OF SAVINGS INSTITUTION	,
Dio Not open a campaign	account
ADDRESS -	
NAME OF SAVINGS INSTITUTION	
ADDRESS	
NAME OF SAVINGS INSTITUTION	
ADDRESS	
	The control of the co
NAME OF SAVINGS INSTITUTION	
ADDRESS	
ADDRESS	

4222 - STATEMENT OF INCOME AND EXPENSES LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE Doug McMynn		
Total value of campaign contributions from all sources (from box C on form 4223)	0]
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)	0	Α
Election expenses (from box A on form 4229)	O	
Transfers to elector organization (from box A on form 4230)	0	j
Total other permissible payments (from box A on form 4231)	0	
Transfers to candidate's own accounts in other jurisdictions (from box B on form 4233)	O	
Amount of surplus funds disbursed (from box A on form 4234)	0	
Total Expenditures (sum of above boxes)	0	В

4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE Doug McMynn		
Individuals	All Contributions]
Corporations	0	
Unincorporated Business/Commercial Organizations	0	
Trade Unions	0	
Non-profit Organizations		
Other Identifiable Contributors	0	
Total	\$ O	Α
Anonymous contributions	\$ 0	В
Total contributions (A + B)	\$ <i>O</i>	С
Total significant contributions (must equal box A on all forms 4224)	\$	
Total contributions of less than \$100	s O	
Number of contributors who gave less than \$100	# 0	
Number of anonymous contributors	# 0	

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



NAME OF CANDIDATE				PAGE
Doug McMynn				OF T
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
				·
				-
IF NEEDED, ATTACH A * CLASS OF CONTRIB 1 - INDIVIDUAL, 2 - C 4 - TRADE UNION, 5	NDDITIONAL FORMS UTOR: CORPORATION, 3 – UNINCORPORATED BUSINESS/CO – NON-PROFIT ORGANIZATION, 6 – OTHER IDENTIFIA	MMERCIAL ORGANIZATION CONTRIB BLE CONTRIBUTOR	TOTAL UTIONS	A (C)

4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE Doug McMynn			180-192-183		PAGE 1
NSTRUCTIONS: Complete one s Attach additiona	heet for each prohibi al forms if necessary		tribution received.		
RECEIVED FROM	DATE RECEIVED	\$ VALUE	DATE RETURNED	OR	DATE REMITTED TO ELECTIONS BC
☐ INDIVIDUAL ☐ ORGANIZATION ☐ ANONYMOUS	(YYYY/MM/DD)		(YYYY/MM/DD)		(YYYY/MM/DD)
DESCRIPTION OF HOW THE PROHIBITED CO	ONTRIBUTION WAS RECEIV	ÆD			
Complete this field if the prohibit	ted campaign contrib	oution was receive	d from an individual	l:	
					indigation of the
Complete these fields if the proh NAME OF ORGANIZATION	ibited campaign con	tribution was rece	ived from an organi		CLASS*
MAILING ADDRESS				<u> </u>	
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



Doug McMynn			PAGE
			OF
DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER
	•		
		144	
		7,00	
*Also include legal name if	different than ballot name.	TOTAL	A C

NAME OF CANDIDATE

PAGE

4227 - OTHER PERMISSIBLE DEPOSITS TO CAMPAIGN ACCOUNT



LOCAL ELECTIONS CANDIDATE PLEASE PRINT IN BLOCK LETTERS

Doug McMynn				OF _
DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	IA.	MOUNT
				_
				77.7
* TYPE: I – Interest D – Dividends of shares p	aid by credit	TOTAL	Α (<u> </u>
S – Surplus funds from pro F – Fundraising income no O – Other (describe)	evious elect ot reported a	union on returned by jurisdiction as a campaign contribution		HII.

4228 - FUNDRAISING FUNCTION TICKET SALES

LOCAL ELECTIONS CANDIDATE



SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD

5.6	ELECTIONS A non-partisan Office of the Leg	30
	A non-partisan Office of the Leg	gislature

ATE OF EVENT (YYYY/MM/DD)	DESCRIPTIO	N OF FUNDRAISING EVE	ENT		
Income reported as campaign	n contributio	Number of Tickets Sold	Charge per Ticket	Total Charges Collected	Tick if Charge per Ticket Varies
Purchases by or	rganizations				
Purchases by individuals o \$250 wor	of more than rth of tickets				
Purchases by individua that are more tha					
that are more tha	an woo each [.,,,,,,,,,		
that are more tha	,	ncome reported as	campaign contributio	ns	
Remember to report all camp and if applicable, on form 422 Other income not reported as	Total i paign contrib 24 - Significa	utions on form 422 nt Contributors (\$	23 - Summary of Ca		Tick if
Remember to report all camp and if applicable, on form 422	Total i paign contrib 24 - Significa	utions on form 422 nt Contributors (\$	23 - Summary of Ca		•

4229 - SUMMARY OF ELECTION EXPENSES LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE		
Doug McMynn		
	Column A	Column B
ADVERTISING	Election Expenses	Election Proceedings Period Expenses
Brochures, pamphlets and flyers		
Internet		
Newspaper, magazine, journal		
Radio		
Signs and billboards		
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)		
Total Expenses	A 0	В
Column A - Report the value of all election expenses for goods and services used in the campaign per	riod.	
Column B - Report the value of all election expenses for goods and services used in the election process.	eedings period.	

4230 - TRANSFERS GIVEN TO ELECTOR ORGANIZATION LOCAL ELECTIONS CANDIDATE

ELECTIONS BC A non-partisan Office of the Legislature

NAME OF CANDIDATE Doug McMynn				PAGE	1
DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VAL	UE OF	<u> </u>
(YYYY/MM/DD)			TRA	.NSFER	
	·			T Hade to	
					•
Also include legal name if o	different than ballot name.	TOTAL	A (\bigcirc	

4231 - OTHER PERMISSIBLE PAYMENTS FROM CAMPAIGN ACCOUNT

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

Doug McMynn					OF (_
DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION		A	MOUNT	
					4.9	
* TYPE: B – Bank fees E – Intended election expe F – Payments made for fur	ense that wa	TOTAL s not used	A		0	

O – Other (describe)

This form is available for public inspection.

ORIGINAL — ELECTIONS BC

PLEASE KEEP A COPY FOR YOUR RECORDS

N - Nomination deposit

4232 - SHARED ELECTION EXPENSE LOCAL ELECTIONS CANDIDATE



SUBMIT A SEPARATE FORM FOR EACH SHARED ELECTION EXPENSE	SUBMIT /	A SEPARATE	FORM FOR	EACH SHA	RED ELECTIO	N EXPENSE
---	----------	------------	----------	-----------------	-------------	-----------

NAME OF CANDIDATE Doug McMynn		PAGE OF	1			
DESCRIPTION OF SHARED EXPENSE						
	Total value of shared	election expense				
Candidate's portion of shared election expense*						
	Amount paid directly to sup	plier (if applicable)	 ,			
	Amount of reimbursements given to	other candidate(s)				
	Amount of reimbursements received from	n other candidates				
*Note: Remember to include your port Election Expenses. Full names of other candidates with w	tion of the shared expense as an election whom the expense was shared:	n expense on form 4229 - Summary	of			
LAST NAME	FIRST NAME	MIDDLE NAME				
· .						
		,				

4233 - TRANSFERS BETWEEN CANDIDATE'S OWN CAMPAIGN ACCOUNTS



LOCAL ELECTIONS CANDIDATE
PLEASE PRINT IN BLOCK LETTERS

DATE OF TRANSFER (YYYY/MM/DD) PURPOSE (INCLUDE NAME OF OTHER JURISDICTION) AMOUNT TOTAL A CO					
nsfers from candidate's own campaign accounts in other jurisdictions DATE OF TRANSFER PURPOSE (INCLUDE NAME OF OTHER JURISDICTION) AMOUNT TOTAL A O DATE OF TRANSFER PURPOSE (INCLUDE NAME OF OTHER JURISDICTION) AMOUNT PURPOSE (INCLUDE NAME OF OTHER JURISDICTION) AMOUNT	nsters between candidate's				
DATE OF TRANSFER (YYYY/MM/DD) TOTAL A TOTAL A DATE OF TRANSFER (YYYY/MM/DD) PURPOSE (INCLUDE NAME OF OTHER JURISDICTION) AMOUNT TOTAL A O NAMOUNT DATE OF TRANSFER (YYYY/MM/DD) PURPOSE (INCLUDE NAME OF OTHER JURISDICTION) AMOUNT		PURPOSE			AMOUNT
DATE OF TRANSFER (YYYY/MM/DD) PURPOSE (INCLUDE NAME OF OTHER JURISDICTION) AMOUNT TOTAL A Onsfers to candidate's own campaign accounts in other jurisdictions DATE OF TRANSFER (YYYY/MM/DD) PURPOSE (INCLUDE NAME OF OTHER JURISDICTION) AMOUNT				· 	
DATE OF TRANSFER (YYYY/MM/DD) TOTAL A TOTAL A DATE OF TRANSFER (INCLUDE NAME OF OTHER JURISDICTION) AMOUNT TOTAL A TOTAL A TOTAL A TOTAL A MACOUNT PURPOSE (INCLUDE NAME OF OTHER JURISDICTION) AMOUNT AMOUNT					
DATE OF TRANSFER (YYYY/MM/DD) PURPOSE (INCLUDE NAME OF OTHER JURISDICTION) AMOUNT TOTAL A Onsfers to candidate's own campaign accounts in other jurisdictions DATE OF TRANSFER (YYYY/MM/DD) PURPOSE (INCLUDE NAME OF OTHER JURISDICTION) AMOUNT			·		
DATE OF TRANSFER (YYYY/MM/DD) TOTAL A TOTAL A DATE OF TRANSFER (YYYY/MM/DD) PURPOSE (INCLUDE NAME OF OTHER JURISDICTION) AMOUNT TOTAL A O NAMOUNT DATE OF TRANSFER (YYYY/MM/DD) PURPOSE (INCLUDE NAME OF OTHER JURISDICTION) AMOUNT					
TOTAL A CONSTRUCTION AMOUNT TOTAL A CONSTRUCTION AMOUNT DATE OF TRANSFER (YYYY/MM/DD) PURPOSE (INCLUDE NAME OF OTHER JURISDICTION) AMOUNT					
DATE OF TRANSFER (YYYY/MM/DD) TOTAL A TOTAL A ON THE PURPOSE (INCLUDE NAME OF OTHER JURISDICTION) AMOUNT TOTAL A ON THE OF TRANSFER (YYYY/MM/DD) PURPOSE (INCLUDE NAME OF OTHER JURISDICTION) AMOUNT AMOUNT	nsfers from candidate's ow	n campaign accounts in other jurisdictions			
TOTAL A CO	DATE OF TRANSFER	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			AMOUNT
nsfers to candidate's own campaign accounts in other jurisdictions DATE OF TRANSFER (YYYY/MM/DD) PURPOSE (INCLUDE NAME OF OTHER JURISDICTION) AMOUNT	(**************************************				
nsfers to candidate's own campaign accounts in other jurisdictions DATE OF TRANSFER (YYYY/MM/DD) PURPOSE (INCLUDE NAME OF OTHER JURISDICTION) AMOUNT					
DATE OF TRANSFER (YYYY/MM/DD) PURPOSE (INCLUDE NAME OF OTHER JURISDICTION) AMOUNT					
DATE OF TRANSFER (YYYY/MM/DD) PURPOSE (INCLUDE NAME OF OTHER JURISDICTION) AMOUNT					
DATE OF TRANSFER (YYYY/MM/DD) PURPOSE (INCLUDE NAME OF OTHER JURISDICTION) AMOUNT				<u> </u>	
DATE OF TRANSFER (YYYY/MM/DD) PURPOSE (INCLUDE NAME OF OTHER JURISDICTION) AMOUNT				<u> </u>	
DATE OF TRANSFER (YYYY/MM/DD) PURPOSE (INCLUDE NAME OF OTHER JURISDICTION) AMOUNT			TOTAL	Α	
(YYYY/MM/DD) PORPOSE (INCLUDE NAME OF OTHER JURISDICTION) AMOUNT	nsfers to candidate's own	campaign accounts in other jurisdictions			
	DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)			AMOUNT

4234 - DISBURSEMENT OF SURPLUS FUNDS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE Doug McMynn			
	Balance remaining in campaign account(s) after payment of all expenses	0	A
	Total amount of campaign contributions from candidate	0	В
Amount reimbursed to	candidate from campaign account for the candidate's contributions to their campaign	0	С
	Date of reimbursement to candidate (YYYY/MM/DD)		
	Amount of remaining surplus funds (after any reimbursement under box C)	0	D
If the amount in Bo	x 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	

4235 - FREE ADVERTISING FROM JURISDICTION LOCAL ELECTIONS CANDIDATE



Free advertising prov	vided by jurisdiction	
DATE ADVERTISING WAS TRANSMITTED (YYYY/MM/DD)	JURISDICTION	MEANS OF TRANSMISSION (WEBSITE, FLYER, ETC.)
2016/4/14	Village of Minuay	Plyer: Notice of By Election
2016/11/24	Boundary Creek Times	Newspaper (Adversalment PALICAND
2016/11/22	Village of Mixory	ALL Condidate Debate / Commun
2016/12/2	Boundary AREA	Jace Frank Grand Forks RADIO. Interview
		·
	-	

4235 - FREE ADVERTISING FROM JURISDICTION LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

SEE AMENDMENT

NAME OF CANDIDATE							
Doug McMynn							
Free advertising pr	Free advertising provided by jurisdiction						
DATE ADVERTISING WAS TRANSMITTED (YYYY/MM/DD)	JURISDICTION	MEANS OF TRANSMISSION (WEBSITE, FLYER, ETC.)					
20/6/11/14	Village of Misway	Plyer: Notice of By-Election					
2016/11/24	Boundary Creek Times	Plyer: Notice of By-Election Newspaper (Adversitment Palicannament					
2016/11/22	Village of Mixury	ALL Candidates Debate / Community Take Frm / Grand Forks RADIO Forterview					
2016/12/2	Boundary AREA	Juice Frm / Grand Forks RADIO : Interview					
:							
	/						

4236 - PREVIOUS FINANCIAL AGENTS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE Doug McMynn	19. (1.) Tyredi , exaeppe		
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)		196 186	
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)