

4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

Amendment # _____

CANDIDATE'S FULL NAME Doug McMynn		GENERAL VOTING DAY (YYYY/MM/DD) 2016/12/03
BALLOT NAME (IF DIFFERENT FROM ABOVE) Doug McMynn		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) Mayor
MAILING ADDRESS PO Box 8		PHONE NO. 250 449-2403
CITY / TOWN Midway	POSTAL CODE V0H1M0	EMAIL (IF AVAILABLE) dcmcmynn@shaw.ca

JURISDICTION Midway
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.	

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 checked="" type="checkbox"/>
Summary of Campaign Contributions by Class – Form 4223 <input checked="" 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 checked="" type="checkbox"/>

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

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.

4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE Doug McMynn

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) 2016/12/07
PRINTED NAME OF CANDIDATE Douglas C McMynn	

SIGNATURE OF FINANCIAL AGENT _____	DATE: (YYYY/MM/DD) _____
PRINTED NAME OF FINANCIAL AGENT _____	

Campaign accounts:

NAME OF SAVINGS INSTITUTION Did not open a campaign account	
ADDRESS _____	

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 Doug McMynn	
Total value of campaign contributions from all sources (from box C on form 4223)	<input style="width: 100%; height: 20px;" type="text" value="0"/>
Transfers received from elector organization (from box A on form 4226)	<input style="width: 100%; height: 20px;" type="text" value="0"/>
Total other permissible deposits (from box A on form 4227)	<input style="width: 100%; height: 20px;" type="text" value="0"/>
Transfers from candidate's own accounts in other jurisdictions (from box A on form 4233)	<input style="width: 100%; height: 20px;" type="text" value="0"/>
Total Income (sum of above boxes)	<input style="width: 100%; height: 20px;" type="text" value="0"/> A
Election expenses (from box A on form 4229)	<input style="width: 100%; height: 20px;" type="text" value="0"/>
Transfers to elector organization (from box A on form 4230)	<input style="width: 100%; height: 20px;" type="text" value="0"/>
Total other permissible payments (from box A on form 4231)	<input style="width: 100%; height: 20px;" type="text" value="0"/>
Transfers to candidate's own accounts in other jurisdictions (from box B on form 4233)	<input style="width: 100%; height: 20px;" type="text" value="0"/>
Amount of surplus funds disbursed (from box A on form 4234)	<input style="width: 100%; height: 20px;" type="text" value="0"/>
Total Expenditures (sum of above boxes)	<input style="width: 100%; height: 20px;" type="text" value="0"/> B

4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE
Doug McMynn

		All Contributions	
Individuals		0	
Corporations		0	
Unincorporated Business/Commercial Organizations		0	
Trade Unions		0	
Non-profit Organizations		0	
Other Identifiable Contributors		0	
Total	\$	0	A

Anonymous contributions \$ 0 B

Total contributions (A + B) \$ 0 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

4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE Doug McMynn	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

4228 - FUNDRAISING FUNCTION TICKET SALES

LOCAL ELECTIONS CANDIDATE

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SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD



NAME OF CANDIDATE Doug McMynn		PAGE <input style="width: 20px;" type="text" value="1"/>
		OF <input style="width: 20px;" type="text" value="1"/>
DATE OF EVENT (YYYY/MM/DD)	DESCRIPTION OF FUNDRAISING EVENT	

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

Doug McMynn

	Column A Election Expenses	Column B Election Proceedings Period Expenses
ADVERTISING		
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	B 0

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.

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



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NAME OF CANDIDATE
Doug McMynn

PAGE 1
OF 1

Transfers between candidate's own campaign accounts in same jurisdiction

PURPOSE	AMOUNT

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 <u>0</u>

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 <u>0</u>

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

4236 - PREVIOUS FINANCIAL AGENTS
LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE Doug McMynn			
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)
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)