### 4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT

#### LOCAL ELECTIONS CANDIDATE



A	22	
Amendment	#	***************************************

CANDIDATE'S FULL NAME Michael Riis-Christianson			GENERAL VOTING DAY (YYYY/MM/DD) 2016/12/10
BALLOT NAME (IF DIFFERENT FROM ABOVE)			OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.)
Michael Riis-Christianson			Councillor
MAILING ADDRESS			PHONE NO.
PO Box 563			250 692-9288
CITY / TOWN		POSTAL CODE	EMAIL (IF AVAILABLE)
Burns Lake			rinkrat4@telus.net
JURISDICTION			
Burns Lake			
ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELE	CTORAL AREA (IF APPLIC	CABLE)	
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATI	ON (IF APPLICABLE)		
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION	ON (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 financ	ial agents, complete form 4236.
X Tick if candidate acted as their own financial	al agent	Tick if candidate	was registered as a third party sponsor
This disclosure statement includes the following	forms:		
Declarations and Campaign Accounts	– Form 4221 🔀	Summa	ary of Election Expenses - Form 4229
Statement of Income and Expenses	– Form 4222 🔀	Transfers Giver	n to Elector Organization - Form 4230
Summary of Campaign Contributions by Class	– Form 4223 🄀	Othe	er Permissible Payments - Form 4231
Significant Contributors (\$100 or more)	– Form 4224 X	s	Shared Election Expense - Form 4232
Prohibited Campaign Contributions	– Form 4225 🔀	Transfers Between Ca	andidate's Own Accounts - Form 4233
Transfers Received from Elector Organization	– Form 4226 🔀	Disburs	sement of Surplus Funds - Form 4234
Other Permissible Deposits	– Form 4227 📈	Free Adv	rertising from Jurisdiction - Form 4235
Fundraising Function Ticket Sales	- Form 4228 X	Р	revious Financial Agents – Form 4236 🔀

## 4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE	
MICHAEL E. RIIS-CHRISTIANISON	
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)
h. Po VICe	2017/01/22
PRINTED NAME OF CANDIDATE	
SIGNATURE OF FINANCIAL AGENT	DATE: (YYYY/MM/DD)
	·
PRINTED NAME OF FINANCIAL AGENT	
	allow to the second transfer that the second transfer to the second transfer transfer to the second transfer transfe
Campaign accounts:	
NAME OF SAVINGS INSTITUTION	
BUKLEY VALLEY CREDIT WOLCON	
ADDRESS	
LAKEVIEW MALL, HIGHWAY 16, BOX 1029 BURDS LAK	E, BC WITTED
NAME OF SAVINGS INSTITUTION	
ADDRESS	
NAME OF SAVINGS INSTITUTION	
ADDRESS	
NAME OF SAVINGS INSTITUTION	
ADDRESS	

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



NAME OF CANDIDATE		
MICHAEL RUS-CHRISTLAWSON		ŀ
Total value of campaign contributions from all sources (from box C on form 4223)	1237.50	]
•		ل
Transfers received from elector organization (from box A on form 4226)	Ø	]
		_
Total other permissible deposits (from box A on form 4227)	SO SO	]
•		ل
Transfers from candidate's own accounts in other jurisdictions (from box A on form 4233)	.0	]
		J
Total Income (sum of above boxes)	1237,50	Α
	1 00 00 00 00	
Election expenses (from box A on form 4229)	478 86	1
	Littor Co	]
Transfers to elector organization (from box A on form 4230)	<i>9</i>	1
•	New York	j
Total other permissible payments (from box A on form 4231)	24,00	
		]
Transfers to candidate's own accounts in other jurisdictions (from box B on form 4233)	(C)	
	Market .	_
Amount of surplus funds disbursed (from box A on form 4234)	271.81	
		j
Total Expenditures (sum of above boxes)	77461	В
·		
, ·		

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



NAME OF CANDIDATE Michael Riis-Christianson		
	All Contributions	
Individuals	774.67	
Corporations	321.62	
Unincorporated Business/Commercial Organizations	141.01	
Trade Unions		
Non-profit Organizations		
Other Identifiable Contributors		
Total	\$ 1237.50	Α
Anonymous contributions	s 6	В
Total contributions (A + B)	\$ 1237.50	С
Total significant contributions (must equal box A on all forms 4224)	s 1231 SO	
Total contributions of less than \$100	s e	]
Number of contributors who gave less than \$100	# &	]
Number of anonymous contributors	# Ø	

PAGE

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



DATE OF CONTRIBUTION	FULL NAME OF CONTRIBUTOR (For class 2, 3, 4, 5 & 6, include	ADDRESS OF CONTRIBUTOR	CLASS*	VALUE OF CONTRIBUTION
(YYYY/MM/DD)	full names of two directors)	(For class 2, 3, 4, 5 & 6 only)		CONTRIBUTION
S	MICHAEL RIIS-CHRISTIANSON			172.26
2016/11/03	(CANDIDATE)		<u> </u>	112.20
30/11/08	MICHAEL PLIS-CHRISTIANUSCH			100.60
2016/11/15	MICHAEL RIIS THRISTIANSON		1	102.41
2016/11/15	MICHAELRISCHRISTIANSON		f	400.00
2016/01/09	LAKES DISTRICT NEWS (BLACK PRESS) GROUPLAD.  DAVID H. BLACK, ROBERT GRAINGER	BOX 309, BURNS LAKE, BC UCTIED	2	321.82
acrollifio	LISTE FREE CLASSIFIEDS 2003/ DEPERBUTING & STATIONEY LISA BROWN (SOLE PROPRIETOR)	2645A FREEPORT RD., BURNS LAKE, BC. 401183	3	89.82
1 1	LDFC PRINTING & STATIONERY/	BLYSA FREEPORT RD.,		manual and
2016/11/16	LISA BROWN (SLIE PROPRIETUR)	BURNS LAKE, BC NOT LE3	3	51 9
•				
-	100			
·				
· · · · · · · · · · · · · · · · · · ·				
IF NEEDED, ATTACH	ADDITIONAL FORMS		1	<del>                                     </del>

### 4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE					PAGE 1
Michael Riis-Christianson					OF (
NSTRUCTIONS: Complete one si Attach additiona	heet for each prohibi al forms if necessary.	ted campaign con	tribution received.		
RECEIVED FROM	DATE RECEIVED	\$ VALUE	DATE RETURNED	OR	DATE REMITTED TO ELECTIONS BC
☐ INDIVIDUAL ☐ ORGANIZATION _	(YYYY/MM/DD)	V V/LD-	(YYYY/MM/DD)	<u> </u>	(YYYY/MM/DD)
ANONYMOUS					
Complete this field if the prohibit	ted campaign contrib	oution was receive	d from an individua	I:	
Complete these fields if the proh	nibited campaign con	tribution was rece	ived from an organi	zation:	
NAME OF ORGANIZATION					CLASS*
MAILING ADDRESS					
NAME OF DIRECTOR		NAME OF DIR	ECTOR		

\*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



NAME OF CANDIDATE Michael Riis-Christ	ianson		PAGE 1
DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER
	Non	16	
-			
*Also include legal name if	different than ballot name.	TOTAL	A

PAGE

### 4227 - OTHER PERMISSIBLE DEPOSITS TO CAMPAIGN ACCOUNT

### A non-partisan Office of the Legislature

### LOCAL ELECTIONS CANDIDATE

PLEASE PRINT IN BLOCK LETTERS

Michael Riis-Chris	tianson			OF	1
DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	A	MOUNT	
<del>u auuuuuuuuuu</del>					
		NONE			
*TYPE: I – Interest	t	TOTAL	A	-8	

Theres
 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

PLEASE PRINT IN BLOCK LETTERS

#### SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD



NAME OF CANDIDATE				PAGE
Michael Riis-Christianson				OF (
DATE OF EVENT (YYYY/MM/DD) DESC	CRIPTION OF FUNDRAISING EVE	NT		
				······································
Income reported as campaign contr	ihutions			
income reported as campaign come	ibations			Tick if
	Number of Tickets Sold	Charge per Ticket	Total Charges Collected	Charge per Ticket Varies
Purchases by organiza	tions			
Purchases by individuals of more \$250 worth of tio				
Purchases by individuals of tion that are more than \$50		×		
	Total income reported as	campaign contribution	ns	•
			L	
Remember to report all campaign cannot if applicable, on form 4224 - Significance not reported as camp	inificant Contributors (\$	23 - Summary of Can 100 or more).	npaign Contributio	Tick if Charge per
	Number of Tickets Sold	Charge per Ticket	Total Charges Collected	Ticket Varies
Purchases by individua tickets of \$50 or				

## 4229 - SUMMARY OF ELECTION EXPENSES LOCAL ELECTIONS CANDIDATE

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

	Column A	Column B
DVERTISING	Election Expenses	Election Proceeding Period Expenses
Brochures, pamphlets and flyers	162.19	182-19
Internet		
Newspaper, magazine, journal	55,13	55.13
Radio		
Signs and billboards	241.54	241.54
Television		
Other advertising		
AMPAIGN ADMINISTRATION		
Salaries and wages		
Rent, insurance and utilities	ii	
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 ( XCLUSIONS THAT MUST BE REPORTED		
Personal election expenses		
Interest on loans for election expenses		
Legal and accounting services		
Financial agent services		
ther expenses (describe)		1817/1 1 1
		Land the second
Total Expenses	A 479 81	
ivai Expenses	A 478.86	B 478.86

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



NAME OF CANDIDATE Michael Riis-Christ	ianson		PAGE (
DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER
anne ann an			
i da din di	NIA		
	4		
· · · · · · · · · · · · · · · · · · ·			
		ggzennangan, 1	
***************************************			
		(3)	
*Also include legal name if o	l	TOTAL	A C

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



MICHAEL RUS-CHRISTIANSON					(
DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AM	OUNT	***************************************
2016 U/30	B	SERVICE PACKAGE FEE - BULKLEY VALLEY (REDIT ONION)	12	.00	
2016/11/30	3	SERVICE PACKAGE FEE - BULKLEY VALLEY CREDIT UNION	12	CO	
	-				
*TYPE:  B - Bank fees  E - Intended election experience for fundaments made for fundaments.	nse that wa	TOTAL s not used moses	<b>A</b> 24	.00	
N - Nomination deposit O - Other (describe)	mening 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  Michael Riis-Christianson		PAGE OF
ESCRIPTION OF SHARED EXPENSE		
	Total value of shared ele	ction expense
	Candidate's portion of shared elec	ction expense*
	Amount paid directly to supplie	er (if applicable)
	Amount of reimbursements given to oth	er candidate(s)
	Amount of reimbursements received from or	ther candidates
	tion of the shared expense as an election ex	
Election Expenses.  Full names of other candidates with w	whom the expense was shared:	MIDDLE NAME
Election Expenses.		
Election Expenses. Full names of other candidates with w	whom the expense was shared:	
Election Expenses. Full names of other candidates with w	whom the expense was shared:	
Election Expenses. Full names of other candidates with w	whom the expense was shared:	
Election Expenses. Full names of other candidates with w	whom the expense was shared:	
Election Expenses.  Full names of other candidates with w	whom the expense was shared:	

### 4233 - TRANSFERS BETWEEN CANDIDATE'S OWN CAMPAIGN ACCOUNTS

## ELECTIONS A non-partisan Office of the Legislature

### LOCAL ELECTIONS CANDIDATE

ie of candidate chael Riis-Christianson			PAGE OF
nefare hatwaan candidata's	s own campaign accounts in same jurisdiction		
isiers between candidate s	PURPOSE		AMOUNT
	1 5% 652		, in our
	·		
	NA		
		·	
			LCT C
nsfers from candidate's ow	n campaign accounts in other jurisdictions		
DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)	·	AMOUNT
		TOTAL	A
nsfers to candidate's own	campaign accounts in other jurisdictions		
DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)		AMOUNT
1			
		TOTAL	11/1/20

## 4234 - DISBURSEMENT OF SURPLUS FUNDS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE			
MICHAEL	RIIS-CHRISTIAUSON		
	Pologoo ramaining in commeign consult(e) after a consult of all accounts		T.1
	Balance remaining in campaign account(s) after payment of all expenses	27181	Α
	Total amount of campaign contributions from candidate	774.61	В
Amount reimbursed to	candidate from campaign account for the candidate's contributions to their campaign		С
7 and an earling of the	campaign account for the candidate's contributions to their campaign	271 81	
	Date of reimbursement to candidate (YYYY/MM/DD)	2077/01/09	
	Amount of remaining surplus funds (after any reimbursement under box C)	G	D
If the amount in Ro	ex D is \$500 or more, it must be paid to the jurisdiction in which the candidate		
ii die amodiit ii Be	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	DESCRIPTION	AMOUNT	
(YYYY/MM/DD)		AMOUNT	
			-1,

## 4235 - FREE ADVERTISING FROM JURISDICTION LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE				
Michael Riis-Christianson  Free advertising provided by jurisdiction				
	NA			
And the second s				

# 4236 - PREVIOUS FINANCIAL AGENTS LOCAL ELECTIONS CANDIDATE



Part of the second seco						
NAME OF CANDIDATE Michael Riis-Christianson						
Michael I via-Onitabalison						
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)	2					
FINANCIAL AGENT'S LAST NAME	FIRST NAME		**************************************	MIDDLE NAME		
FINANCIAL AGENT MAILING ADDRESS		······································	***************************************	PHONE NO.		
CITY/TOWN		POSTAL CO	ODE	EMAIL (IF AVAILABLE)		
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)			<u> </u>			
FINANCIAL AGENT'S LAST NAME	FIRST NAME	<del></del>	<del></del>	MIDDLE NAME		
FINANCIAL AGENT MAILING ADDRESS	NA			PHONE NO.		
CITY/TOWN		POSTAL CO	ODE	EMAIL (IF AVAILABLE)		
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)	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 CO	DE	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	<del></del>	POSTAL CO	DE	EMAIL (IF AVAILABLE)		
		<del></del>				