

4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

Amendment # _____

CANDIDATE'S FULL NAME Michael Riis-Christianson		GENERAL VOTING DAY (YYYY/MM/DD) 2016/12/10
BALLOT NAME (IF DIFFERENT FROM ABOVE) Michael Riis-Christianson		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) Councillor
MAILING ADDRESS PO Box 563		PHONE NO. 250 692-9288
CITY / TOWN Burns Lake	POSTAL CODE V0J1E0	EMAIL (IF AVAILABLE) rinkrat4@telus.net

JURISDICTION Burns Lake
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.
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4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS
LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE MICHAEL E. RIIS-CHRISTIANSON

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) 2017/01/22
PRINTED NAME OF CANDIDATE	

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

Campaign accounts:

NAME OF SAVINGS INSTITUTION BUXLEY VALLEY CREDIT UNION
ADDRESS LAKEVIEW MALL, HIGHWAY 16, BOX 1029, BURDS LAKE, BC V0T1E0

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		MICHAEL RUIB-CHRISTIANSON	
Total value of campaign contributions from all sources (from box C on form 4223)	1237.50		
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)	1237.50	A	
Election expenses (from box A on form 4229)	478.86		941.69
Transfers to elector organization (from box A on form 4230)	0		
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)	0		
Amount of surplus funds disbursed (from box A on form 4234)	271.81		
Total Expenditures (sum of above boxes)	474.67	B	1,237.50

4222 - STATEMENT OF INCOME AND EXPENSES
LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE	
MICHAEL RIIS-CHRISTIANSON	
Total value of campaign contributions from all sources (from box C on form 4223)	1237.50
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)	1237.50 A
Election expenses (from box A on form 4229)	478.86
Transfers to elector organization (from box A on form 4230)	0
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)	0
Amount of surplus funds disbursed (from box A on form 4234)	271.81
Total Expenditures (sum of above boxes)	774.67 B

SEE AMENDMENT

4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE
Michael Riis-Christianson

		All Contributions	
	Individuals	774.67	
	Corporations	321.82	
	Unincorporated Business/Commercial Organizations	141.01	
	Trade Unions		
	Non-profit Organizations		
	Other Identifiable Contributors		
	Total	\$ 1237.50	A

Anonymous contributions \$ 0 B

Total contributions (A + B) \$ 1237.50 C

Total significant contributions (must equal box A on all forms 4224) \$ 1237.50

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: MICHAEL E. RIIS-CHRISTIANSON 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
2016/11/03	MICHAEL RIIS-CHRISTIANSON (CANDIDATE)		1	172.26
2016/11/08	MICHAEL RIIS-CHRISTIANSON		1	100.00
2016/11/15	MICHAEL RIIS-CHRISTIANSON		1	102.41
2016/11/15	MICHAEL RIIS-CHRISTIANSON		1	400.00
2016/11/09	LAKE DISTRICT NEWS (BLACK PRESS) GROUP LTD. DAVID H. BLACK, ROBERT GRANTER	BOX 309, BURNS LAKE, BC V0J 1E0	2	321.82
2016/11/10	LDFC FREE CLASSIFIEDS 2008/ LDFC PRINTING & STATIONERY LISA BROWN (SOLE PROPRIETOR)	2645A FREEPORT RD., BURNS LAKE, BC V0J 1E3	3	89.82
2016/11/16	LDFC PRINTING & STATIONERY/ LDFC FREE CLASSIFIEDS 2008 LISA BROWN (SOLE PROPRIETOR)	2645A FREEPORT RD., BURNS LAKE, BC V0J 1E3	3	51.19

SAME AS PERMITTED

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** 1237.50

4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE Michael Riis-Christianson	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

NONE

4226 - TRANSFERS RECEIVED FROM ELECTOR ORGANIZATION LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE PAGE
 Michael Riis-Christianson OF

DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER
		NONE	

*Also include legal name if different than ballot name. **TOTAL**

4227 - OTHER PERMISSIBLE DEPOSITS TO CAMPAIGN ACCOUNT LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE Michael Riis-Christianson	PAGE	1
	OF	1

DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AMOUNT
		NONE	

*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)

TOTAL	A	
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4228 - FUNDRAISING FUNCTION TICKET SALES

LOCAL ELECTIONS CANDIDATE

PLEASE PRINT IN BLOCK LETTERS



SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD

NAME OF CANDIDATE Michael Riis-Christianson		PAGE <input type="text" value="1"/>
		OF <input 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				

N/A

4229 - SUMMARY OF ELECTION EXPENSES

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE
 MICHAEL RIIS-CHRISTIANSON

	Column A Election Expenses	Column B Election Proceedings Period Expenses
ADVERTISING		
Brochures, pamphlets and flyers	182.19	182.19
Internet		
Newspaper, magazine, journal	55,135 517.96	55,135 517.96
Radio		
Signs and billboards	241.54	241.54
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	478.86 941.69	B	478.86 941.69
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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.

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4229 - SUMMARY OF ELECTION EXPENSES

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE
MICHAEL RUS-CHRISTIANSON

ADVERTISING

	Column A Election Expenses	Column B Election Proceedings Period Expenses
Brochures, pamphlets and flyers	182.19	182.19
Internet		
Newspaper, magazine, journal	55.13	55.13
Radio		
Signs and billboards	241.54	241.54
Television		
Other advertising		

CAMPAIGN ADMINISTRATION

SEE AMENDMENT

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	478.86	B	478.86
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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 Michael Riis-Christianson	PAGE <input type="text" value="1"/>
	OF <input type="text" value="1"/>

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

*Also include legal name if different than ballot name.

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



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE
MICHAEL RIIS-CHRISTIANSON

PAGE 1

OF 1

DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AMOUNT
2016/11/30	B	SERVICE PACKAGE FEE - BULKLEY VALLEY CREDIT UNION	12.00
2016/12/31	B	SERVICE PACKAGE FEE - BULKLEY VALLEY CREDIT UNION	12.00
TOTAL			A 24.00

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

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

4232 - SHARED ELECTION EXPENSE

LOCAL ELECTIONS CANDIDATE

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SUBMIT A SEPARATE FORM FOR EACH SHARED ELECTION EXPENSE

NAME OF CANDIDATE Michael Riis-Christianson	PAGE <input style="width: 20px;" type="text" value="1"/> OF <input style="width: 20px;" type="text" value="1"/>
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DESCRIPTION OF SHARED EXPENSE

Total value of shared election expense	0
Candidate's portion of shared election expense*	0
Amount paid directly to supplier (if applicable)	0
Amount of reimbursements given to other candidate(s)	0
Amount of reimbursements received from other candidates	0

***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
	N/A	

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



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE
 Michael Riis-Christianson

PAGE 1
 OF 1

Transfers between candidate's own campaign accounts in same jurisdiction

PURPOSE	AMOUNT
N/A	
	0

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 0

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 0

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

MICHAEL RIIS-CHRISTIANSON

Balance remaining in campaign account(s) after payment of all expenses **A**

Total amount of campaign contributions from candidate **B**

Amount reimbursed to candidate from campaign account for the candidate's contributions to their campaign **C**

Date of reimbursement to candidate (YYYY/MM/DD)

Amount of remaining surplus funds (after any reimbursement under box C) **D**

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 (YYYY/MM/DD)	DESCRIPTION	AMOUNT

4235 - FREE ADVERTISING FROM JURISDICTION
LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

Michael Riis-Christianson

Free advertising provided by jurisdiction

DATE ADVERTISING WAS TRANSMITTED (YYYY/MM/DD)	JURISDICTION	MEANS OF TRANSMISSION (WEBSITE, FLYER, ETC.)
	N/A	

4236 - PREVIOUS FINANCIAL AGENTS
LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE Michael Riis-Christianson		
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 N/A		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)