

4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT**LOCAL ELECTIONS CANDIDATE**

PLEASE PRINT IN BLOCK LETTERS

Amendment # _____

CANDIDATE'S FULL NAME James Arthur McBride		GENERAL VOTING DAY (YYYY/MM/DD) 2016/11/10																	
BALLOT NAME (IF DIFFERENT FROM ABOVE) Jim McBride		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) Mayor																	
MAILING ADDRESS PO Box 750		PHONE NO. 250 692-4140																	
CITY / TOWN Village of Burns Lake	POSTAL CODE V0J 1E0	EMAIL (IF AVAILABLE) jdmcb@telus.net																	
JURISDICTION Village of 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) 2016/10/26		If there were previous financial agents, complete form 4236.																	
<input checked="" type="checkbox"/> Tick if candidate acted as their own financial agent		<input type="checkbox"/> Tick if candidate was registered as a third party sponsor																	
<p>This disclosure statement includes the following forms:</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">Declarations and Campaign Accounts – Form 4221 <input checked="" type="checkbox"/></td> <td style="width: 50%;">Summary of Election Expenses – Form 4229 <input checked="" type="checkbox"/></td> </tr> <tr> <td>Statement of Income and Expenses – Form 4222 <input checked="" type="checkbox"/></td> <td>Transfers Given to Elector Organization – Form 4230 <input checked="" type="checkbox"/></td> </tr> <tr> <td>Summary of Campaign Contributions by Class – Form 4223 <input checked="" type="checkbox"/></td> <td>Other Permissible Payments – Form 4231 <input checked="" type="checkbox"/></td> </tr> <tr> <td>Significant Contributors (\$100 or more) – Form 4224 <input checked="" type="checkbox"/></td> <td>Shared Election Expense – Form 4232 <input checked="" type="checkbox"/></td> </tr> <tr> <td>Prohibited Campaign Contributions – Form 4225 <input checked="" type="checkbox"/></td> <td>Transfers Between Candidate's Own Accounts – Form 4233 <input checked="" type="checkbox"/></td> </tr> <tr> <td>Transfers Received from Elector Organization – Form 4226 <input checked="" type="checkbox"/></td> <td>Disbursement of Surplus Funds – Form 4234 <input checked="" type="checkbox"/></td> </tr> <tr> <td>Other Permissible Deposits – Form 4227 <input checked="" type="checkbox"/></td> <td>Free Advertising from Jurisdiction – Form 4235 <input checked="" type="checkbox"/></td> </tr> <tr> <td>Fundraising Function Ticket Sales – Form 4228 <input checked="" type="checkbox"/></td> <td>Previous Financial Agents – Form 4236 <input checked="" type="checkbox"/></td> </tr> </table>				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"/>
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This form is available for public inspection.
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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****ELECTIONS**

A non-partisan Office of the Legislature

PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

Jim McBride

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)

2016/11/03

PRINTED NAME OF CANDIDATE

Jim McBride

SIGNATURE OF FINANCIAL AGENT

DATE: (YYYY/MM/DD)

2016/11/03

PRINTED NAME OF FINANCIAL AGENT

Jim McBride

Campaign accounts:

NAME OF SAVINGS INSTITUTION

Royal Bank of Canada

ADDRESS

354 Yellowhead Hwy. 16, PO Box 289, Burns Lake, B.C., V0J 1E0

NAME OF SAVINGS INSTITUTION

ADDRESS

NAME OF SAVINGS INSTITUTION

ADDRESS

NAME OF SAVINGS INSTITUTION

ADDRESS

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

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NAME OF CANDIDATE

Jim McBride

Total value of campaign contributions from all sources (from box C on form 4223) 693.74

Transfers received from elector organization (from box A on form 4226) 0.00

Total other permissible deposits (from box A on form 4227) 0.00

Transfers from candidate's own accounts in other jurisdictions (from box A on form 4233) 0.00

Total Income (sum of above boxes) 693.74 A

Election expenses (from box A on form 4229) 553.36

Transfers to elector organization (from box A on form 4230) 0.00

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) 0.00

Amount of surplus funds disbursed (from box A on form 4234) 116.38

Total Expenditures (sum of above boxes) 693.74 B

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

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NAME OF CANDIDATE

Jim McBride

All Contributions

Individuals	693.74	
Corporations	0.00	
Unincorporated Business/Commercial Organizations	0.00	
Trade Unions	0.00	
Non-profit Organizations	0.00	
Other Identifiable Contributors	0.00	
Total	\$ 693.74	A

Anonymous contributions	\$ 0.00	B
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Total contributions (A + B)	\$ 693.74	C
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Total significant contributions (must equal box A on all forms 4224)	\$ 693.74
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Total contributions of less than \$100	\$ 0.00
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Number of contributors who gave less than \$100	# 0
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Number of anonymous contributors	# 0
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LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE	PAGE
Jim McBride	1
	OF 1

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Questions? Contact: Privacy Officer, Elections BC
1-800-661-8683 PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6

4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS**LOCAL ELECTIONS CANDIDATE**

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NAME OF CANDIDATE

Jim McBride

PAGE 1

OF 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

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OF 1

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

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NAME OF CANDIDATE Jim McBride	PAGE 1 OF 1
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[illegible]

* 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)

4228 - FUNDRAISING FUNCTION TICKET SALES**LOCAL ELECTIONS CANDIDATE**

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SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD



NAME OF CANDIDATE

Jim McBride

PAGE 1

OF 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	0	0.00	0.00	<input type="checkbox"/>
Purchases by individuals of more than \$250 worth of tickets	0	0.00	0.00	<input type="checkbox"/>
Purchases by individuals of tickets that are more than \$50 each	0	0.00	0.00	<input type="checkbox"/>
Total income reported as campaign contributions			0.00	

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	0	0.00	0.00	<input type="checkbox"/>

4229 - SUMMARY OF ELECTION EXPENSES**LOCAL ELECTIONS CANDIDATE****ELECTIONS**

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NAME OF CANDIDATE

Jim McBride

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

Brochures, pamphlets and flyers	191.10	191.10
Internet	0.00	0.00
Newspaper, magazine, journal	233.37	233.37
Radio	0.00	0.00
Signs and billboards	18.90	18.90
Television	0.00	0.00
Other advertising	0.00	0.00

CAMPAIGN ADMINISTRATION

Salaries and wages	0.00	0.00
Rent, insurance and utilities	0.00	0.00
Courier and postage	109.99	109.99
Furniture and equipment	0.00	0.00
Office supplies	0.00	0.00
Professional services	0.00	0.00
Other campaign administration expenses	0.00	0.00
Conventions and meetings	0.00	0.00
Other campaign related functions	0.00	0.00
Research and polling	0.00	0.00
Interest	0.00	0.00

EXCLUSIONS THAT MUST BE REPORTED

Personal election expenses	0.00	
Interest on loans for election expenses	0.00	
Legal and accounting services	0.00	
Financial agent services	0.00	
Other expenses (describe)	0.00	0.00

Total Expenses**A**

553.36

B

553.36

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

Jim McBride

PAGE OF

DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER
			0.00
TOTAL			A 0.00

*Also include legal name if different than ballot name.

4231 - OTHER PERMISSIBLE PAYMENTS FROM CAMPAIGN ACCOUNT LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE

Jim McBride

PAGE 1

OF 1

DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AMOUNT
2016/11/01	B	Minimum Monthly Fee	6.00
2016/12/01	B	Paper Statement	3.00
2016/12/01	B	Minimum Monthly Fee	6.00
2017/01/03	B	Paper Staement	3.00
2017/01/03	B	Minimum Monthly Fee & Closure of this account	6.00
TOTAL			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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4232 - SHARED ELECTION EXPENSE**LOCAL ELECTIONS CANDIDATE**

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SUBMIT A SEPARATE FORM FOR EACH SHARED ELECTION EXPENSE

**ELECTIONS**

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NAME OF CANDIDATE

Jim McBride

PAGE OF

DESCRIPTION OF SHARED EXPENSE

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

***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

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

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NAME OF CANDIDATE

Jim McBride

PAGE

OF

Transfers between candidate's own campaign accounts in same jurisdiction

PURPOSE	AMOUNT
	0.00
	0.00
	0.00
	0.00
	0.00

Transfers from candidate's own campaign accounts in other jurisdictions

DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)	AMOUNT
		0.00
		0.00
		0.00
		0.00
		0.00
TOTAL A		0.00

Transfers to candidate's own campaign accounts in other jurisdictions

DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)	AMOUNT
		0.00
		0.00
		0.00
		0.00
		0.00
TOTAL B		0.00

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

4234 - DISBURSEMENT OF SURPLUS FUNDS**LOCAL ELECTIONS CANDIDATE****ELECTIONS**

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NAME OF CANDIDATE

Jim McBride

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

116.38

A

Total amount of campaign contributions from candidate

200.00

B

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

116.38

C

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

2017/01/30

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

0.00

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).

0

If the amount in Box D is less than \$500 provide details of how it was disbursed.

DATE (YYYY/MM/DD)	DESCRIPTION	AMOUNT
2017/01/30	Jim McBride	116.38

4235 - FREE ADVERTISING FROM JURISDICTION
LOCAL ELECTIONS CANDIDATE

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NAME OF CANDIDATE

Jim McBride

Free advertising provided by jurisdiction

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

4236 - PREVIOUS FINANCIAL AGENTS

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE Jim McBride			
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)			
FINANCIAL AGENT'S LAST NAME		FIRST 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	
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	
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	
FINANCIAL AGENT MAILING ADDRESS		PHONE NO.	
CITY/TOWN		POSTAL CODE	
		EMAIL (IF AVAILABLE)	