4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT LOCAL ELECTIONS CANDIDATE

ELECTIONS A non-partisan Office of the Legislature

PLEASE PRINT IN BLOCK LETTERS

Amendmen	t#

CANDIDATE'S FULL NAME Raymond Masleck		•	GENERAL VOTING DAY (YYYY/MM/DD)	
BALLOT NAME (IF DIFFERENT FROM ABOVE)		·	2017/02/25	
Raymond Masleck			OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) Councillor	
MAILING ADDRESS			PHONE NO.	
375 Murray Dr			250 364-2893	
CITY / TOWN		POSTAL CODE	EMAIL (IF AVAILABLE)	
Trail		V1R 2J5	masleck@telus.net	
JURISDICTION				
Warfield				
ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELECTORAL AREA	(IF APPLI	CABLE)		
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICA	ABLE)			
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICAE	31 E\			
	occ;	•		
FINANCIAL AGENT'S LAST NAME FIRST NAME				
THO I HAVE			MIDDLE NAME	
FINANCIAL AGENT'S MAILING ADDRESS			PHONE NO.	
CITY/TOWN		POSTAL CODE	EMAIL (IF AVAILABLE)	
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)	If then	were previous fina	ncial agents, complete form 4236.	
ha / which	trini			
X Tick if candidate acted as their own financial agent		Tick if candida	te was registered as a third party sponsor	
This disclosure statement includes the following forms:				
Declarations and Campaign Accounts - Form 4221 Summary 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 422	3 🔲	Other Permissible Payments - Form 4231		
Significant Contributors (\$100 or more) - Form 422	4 🔲	Shared Election Expense - Form 4232		
Prohibited Campaign Contributions - Form 422	Transfers Between Candidate's Own Accounts - Form 4233			
Transfers Received from Elector Organization - Form 422	6 🗌	Disbursement of Surplus Funds - Form 4234		
Other Permissible Deposits - Form 422	7	Free Advertising from Jurisdiction - Form 4235		
Fundraising Function Ticket Sales - Form 422	Previous Financial Agents - Form 4236			
		·		

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 Company. Financing Act an the Freedom of Information and Protection of Phasey Act. It will be used to entimate campaign financing rules if you have questions about the collection, use or disclosure of this information, noticed the Elections BC Privacy Collect at 1-100-461-865. Indeed, acknowledges to the Collection of the Indeed Collection Collection and Collection

4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

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 Electronic Campaign Financing Act (LECFA). SIGNATURE OF CANDIDATE RAYMOND MASLICK SIGNATURE OF FINANCIAL AGENT DATE (YYYY/MM/DD) PRINTED NAME OF FINANCIAL AGENT DATE (YYYY/MM/DD) PRINTED NAME OF FINANCIAL AGENT NAME OF SAVINGS INSTITUTION ADDRESS NAME OF SAVINGS INSTITUTION ADDRESS NAME OF SAVINGS INSTITUTION ADDRESS NAME OF SAVINGS INSTITUTION	NAME OF CANDIDATE	
Declaration: I, the undersigned, declare that to the best of my knowledge and belief, the disclosure statement completely and accurately discloses the information required under the Local Elections Campaign Financing Act (LECFA). SIGNATURE OF CANDIDATE RAYMOND PRINTED NAME OF FINANCIAL AGENT DATE: (YYYY/MM/DD) 2-017/02/26 DATE: (YYYY/MM/DD) PRINTED NAME OF FINANCIAL AGENT NAME OF SAVINGS INSTITUTION ADDRESS NAME OF SAVINGS INSTITUTION ADDRESS NAME OF SAVINGS INSTITUTION ADDRESS NAME OF SAVINGS INSTITUTION	· L	
SIGNATURE OF CANIDATE RAYMOND MASLECK SIGNATURE OF FINANCIAL AGENT PRINTED NAME OF FINANCIAL AGENT Campaign accounts: NAME OF SAVINGS INSTITUTION ADDRESS NAME OF SAVINGS INSTITUTION	Declaration: I, the undersigned, declare that to the best of my knowledge and belief, this disclosure statement completely required under the Local Elections Campaign Financing Act (LECFA).	
PRINTED NAME OF CANDIDATE RAYMOND MASLECK SIGNATURE OF FINANCIAL AGENT DATE: (YYYY/MM/DD) PRINTED NAME OF FINANCIAL AGENT NAME OF SAVINGS INSTITUTION ADDRESS NAME OF SAVINGS INSTITUTION	SIGNATURE OF CANDIDATE OW. Maslech.	DATE: (YYYY/MM/DD)
SIGNATURE OF FINANCIAL AGENT PRINTED NAME OF FINANCIAL AGENT Campaign accounts: NAME OF SAVINGS INSTITUTION ADDRESS		2017102126
SIGNATURE OF FINANCIAL AGENT PRINTED NAME OF FINANCIAL AGENT Campaign accounts: NAME OF SAVINGS INSTITUTION ADDRESS NAME OF SAVINGS INSTITUTION		
Campaign accounts: NAME OF SAVINGS INSTITUTION ADDRESS NAME OF SAVINGS INSTITUTION ADDRESS NAME OF SAVINGS INSTITUTION ADDRESS NAME OF SAVINGS INSTITUTION	SIGNATURE OF FINANCIAL AGENT	
NAME OF SAVINGS INSTITUTION ADDRESS		
ADDRESS NAME OF SAVINGS INSTITUTION ADDRESS NAME OF SAVINGS INSTITUTION ADDRESS NAME OF SAVINGS INSTITUTION	Campaign accounts:	
NAME OF SAVINGS INSTITUTION ADDRESS NAME OF SAVINGS INSTITUTION ADDRESS NAME OF SAVINGS INSTITUTION	NAME OF SAVINGS INSTITUTION	AND REPORT AND ARCHITICAL
ADDRESS NAME OF SAVINGS INSTITUTION ADDRESS NAME OF SAVINGS INSTITUTION	ADDRESS	
NAME OF SAVINGS INSTITUTION ADDRESS NAME OF SAVINGS INSTITUTION	NAME OF SAVINGS INSTITUTION	The second secon
ADDRESS NAME OF SAVINGS INSTITUTION	ADDRESS	
NAME OF SAVINGS INSTITUTION	NAME OF SAVINGS INSTITUTION	
	ADDRESS	
ADDRESS	NAME OF SAVINGS INSTITUTION	
	ADDRESS	

4222 - STATEMENT OF INCOME AND EXPENSES LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE Raymond Masleck	
Total value of campaign contributions from all sources (from box C on form 4223)	
Transfers received from elector organization (from box A on form 4226)	
Total other permissible deposits (from box A on form 4227)	
Transfers from candidate's own accounts in other jurisdictions (from box A on form 4233)	
Total Income (sum of above boxes)	NilA
Election expenses (from box A on form 4229)	
Transfers to elector organization (from box A on form 4230)	
Total other permissible payments (from box A on form 4231)	
Transfers to candidate's own accounts in other jurisdictions (from box B on form 4233)	
Amount of surplus funds disbursed (from box A on form 4234)	
Total Expenditures (sum of above boxes)	NIL B