

4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT**LOCAL ELECTIONS CANDIDATE**
ELECTIONS BC
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PLEASE PRINT IN BLOCK LETTERS

Amendment # _____

CANDIDATE'S FULL NAME Harold Ross Edwards		GENERAL VOTING DAY (YYYY/MM/DD) 2017/03/04	
BALLOT NAME (IF DIFFERENT FROM ABOVE) Harold Edwards		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) Councillor	
MAILING ADDRESS PO Box 579		PHONE NO. 250 569-7100	
CITY / TOWN McBride	POSTAL CODE V0J2E0	EMAIL (IF AVAILABLE) h__edwards@hotmail.com	
JURISDICTION McBride			
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.		
<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	

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 4223 ☒Other Permissible Payments – Form 4231 ☒Significant Contributors (\$100 or more) – Form 4224 ☒Shared Election Expense – Form 4232 ☒Prohibited Campaign Contributions – Form 4225 ☒Transfers Between Candidate's Own Accounts – Form 4233 ☒Transfers Received from Elector Organization – Form 4226 ☒Disbursement of Surplus Funds – Form 4234 ☒Other Permissible Deposits – Form 4227 ☒Free Advertising from Jurisdiction – Form 4235 ☒Fundraising Function Ticket Sales – Form 4228 ☒Previous Financial Agents – Form 4236 ☒

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**

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NAME OF CANDIDATE

Harold Edwards

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)

92017/03/09

PRINTED NAME OF CANDIDATE

Harold Ross Edwards

SIGNATURE OF FINANCIAL AGENT

Same

DATE: (YYYY/MM/DD)

PRINTED NAME OF FINANCIAL AGENT

Campaign accounts:

NAME OF SAVINGS INSTITUTION

Bank of Nova Scotia Box 9

ADDRESS

311 Main St. McBride, B.C V0J 2E0

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

Harold Edwards

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

600.00

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)

600.00

A

Election expenses (from box A on form 4229)

591.46

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)

8.54

Total Expenditures (sum of above boxes)

B

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

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NAME OF CANDIDATE
Harold Edwards**All Contributions**

Individuals	\$ 600.00	
Corporations		
Unincorporated Business/Commercial Organizations		
Trade Unions		
Non-profit Organizations		
Other Identifiable Contributors		
Total	\$ 600.00	A

Anonymous contributions \$ B

Total contributions (A + B) \$ 600.00 C

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

Total contributions of less than \$100 \$

Number of contributors who gave less than \$100 # 0

Number of anonymous contributors # 0

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

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NAME OF CANDIDATE

Harold Edwards

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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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NAME OF CANDIDATE

Harold Edwards

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[illegible]

TOTAL

A



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NAME OF CANDIDATE

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* 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)

This information is collected to administer the *Local Elections Campaign Financing Act*.
Questions? Contact: **Privacy Officer, Elections BC**
1-800-661-8683 PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6

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

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SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD



NAME OF CANDIDATE Harold Edwards		PAGE <input style="width: 40px;" type="text"/>
		OF <input style="width: 40px;" type="text"/>
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	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Purchases by individuals of more than \$250 worth of tickets	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Purchases by individuals of tickets that are more than \$50 each	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Total income reported as campaign contributions			<input style="width: 100%;" type="text"/>	

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	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

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

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NAME OF CANDIDATE

Harold Edwards

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

Brochures, pamphlets and flyers

Internet

Newspaper, magazine, journal

Radio

Signs and billboards

Television

Other advertising

20.00

571.46

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**

591.46

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



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NAME OF CANDIDATE Harold Edwards	PAGE <input style="width: 40px;" type="text"/> OF <input style="width: 40px;" type="text"/>
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DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AMOUNT
TOTAL			A

*** 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



NAME OF CANDIDATE

Harold Edwards

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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

Harold Edwards

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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

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

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

Harold Edwards

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

8.54

A

Total amount of campaign contributions from candidate

600.00

B

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

8.54

C

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

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

Ø

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**

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NAME OF CANDIDATE

Harold Edwards

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 Harold Edwards		
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)