

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

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Amendment # \_\_\_\_\_

CANDIDATE'S FULL NAME <b>Rosemary L. Hruby</b>		GENERAL VOTING DAY (YYYY/MM/DD) <b>2017/03/04</b>	
BALLOT NAME (IF DIFFERENT FROM ABOVE) <b>Rosemary Hruby</b>		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) <b>Councillor</b>	
MAILING ADDRESS <b>P. O. Box 730</b>		PHONE NO. <b>250-569-2264</b>	
CITY / TOWN <b>McBride, B.C.</b>	POSTAL CODE <b>V0J 2E0</b>	EMAIL (IF AVAILABLE) <b>rosemary@advantageinsuranceservi</b>	
JURISDICTION <b>McBride</b>			
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 <b>Hruby</b>		FIRST NAME <b>Rosemary</b>	MIDDLE NAME <b>L.</b>
FINANCIAL AGENT'S MAILING ADDRESS <b>P. O. Box 730</b>		PHONE NO. <b>250-569-2264</b>	
CITY / TOWN <b>McBride, B.C.</b>	POSTAL CODE <b>V0J 2E0</b>	EMAIL (IF AVAILABLE) <b>rosemary@advantageinsuranceservi</b>	
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD) <b>2017/02/20</b>	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.  
**ORIGINAL — ELECTIONS BC**  
 PLEASE KEEP A COPY FOR YOUR RECORDS

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**

PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

Rosemary L. Hruby

**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)

2017/04/21

PRINTED NAME OF CANDIDATE

Rosemary L. Hruby

SIGNATURE OF FINANCIAL AGENT

DATE: (YYYY/MM/DD)

2017/04/21

PRINTED NAME OF FINANCIAL AGENT

Rosemary L. Hruby

**Campaign accounts:**

NAME OF SAVINGS INSTITUTION

Integrus Credit Union

ADDRESS

1532 6th Avenue - Prince George, B.C. V2L 5B5

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

Rosemary L. Hruby

Total value of campaign contributions from all sources (from box C on form 4223) 0.00

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) 500.00

Total Income (sum of above boxes) 500.00 A

Election expenses (from box A on form 4229) 399.00

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

Total other permissible payments (from box A on form 4231) 0.00

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) 0.00

Total Expenditures (sum of above boxes) 399.00 B

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

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NAME OF CANDIDATE  
Rosemary L. Hruby**All Contributions**

Individuals	500.00
Corporations	0.00
Unincorporated Business/Commercial Organizations	0.00
Trade Unions	0.00
Non-profit Organizations	0.00
Other Identifiable Contributors	0.00
<b>Total</b>	<b>\$ 500.00</b>

**A**

Anonymous contributions \$ 0.00

**B**

Total contributions (A + B) \$ 500.00

**C**

Total significant contributions (must equal box A on all forms 4224) \$ 500.00

Total contributions of less than \$100 \$ 0.00

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

Number of anonymous contributors # 0

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

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NAME OF CANDIDATE

Rosemary L Hruby

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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
2017/03/22	Rosemary L Hruby	[REDACTED]	1	500.00
TOTAL CONTRIBUTIONS			A	500.00

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 CONTRIBUTORThis form is available for public inspection.  
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**4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS****LOCAL ELECTIONS CANDIDATE**

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NAME OF CANDIDATE Rosemary L Hruby	PAGE <span style="border: 1px solid black; padding: 0 5px;">1</span> OF <span style="border: 1px solid black; padding: 0 5px;">1</span>
<b>INSTRUCTIONS:</b> 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 N/A					
<b>Complete this field if the prohibited campaign contribution was received from an individual:</b>					
NAME OF INDIVIDUAL N/A					
<b>Complete these fields if the prohibited campaign contribution was received from an organization:</b>					
NAME OF ORGANIZATION N/A					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

**4226 - TRANSFERS RECEIVED  
FROM ELECTOR ORGANIZATION  
LOCAL ELECTIONS CANDIDATE**



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NAME OF CANDIDATE

Rosemary L Hruby

PAGE OF 

DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER
	NONE		
TOTAL			A 0.00

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

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**4227 - OTHER PERMISSIBLE DEPOSITS  
TO CAMPAIGN ACCOUNT  
LOCAL ELECTIONS CANDIDATE**



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NAME OF CANDIDATE

Rosemary L Hruby

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OF 1

DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AMOUNT
		NONE	
TOTAL			A 0.00

## \*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)

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

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SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD

**ELECTIONS**

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NAME OF CANDIDATE Rosemary L. Hruby		PAGE 1
		OF 1
DATE OF EVENT (YYYY/MM/DD)	DESCRIPTION OF FUNDRAISING EVENT NONE	

**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			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				

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

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NAME OF CANDIDATE

Rosemary L Hruby

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

Brochures, pamphlets and flyers	252.00	0.00
Internet	0.00	0.00
Newspaper, magazine, journal	147.00	0.00
Radio	0.00	0.00
Signs and billboards	0.00	0.00
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	0.00	0.00
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

**Total Expenses****A**

399.00

**B**

0.00

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

Rosemary L. Hruby

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DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER
	NONE		
TOTAL			A 0.00

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

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



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NAME OF CANDIDATE Rosemary L. Hruby	PAGE <span style="border: 1px solid black; padding: 0 5px;">1</span>
	OF <span style="border: 1px solid black; padding: 0 5px;">1</span>

DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AMOUNT
		NONE	
<b>TOTAL</b>			<b>A</b> <span style="border: 1px solid black; padding: 0 10px;">0.00</span>

## \*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

Rosemary L. Hruby

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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
NONE		

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

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NAME OF CANDIDATE

Rosemary L. Hruby

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**Transfers between candidate's own campaign accounts in same jurisdiction**

PURPOSE	AMOUNT
NONE	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
	NONE	0.00
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
	NONE	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**

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NAME OF CANDIDATE

Rosemary L. Hruby

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

95.97

A

Total amount of campaign contributions from candidate

500.00

B

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

95.97

C

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

2017/05/02

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).

N/A

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

DATE (YYYY/MM/DD)	DESCRIPTION	AMOUNT
	N/A	

**4235 - FREE ADVERTISING FROM JURISDICTION****LOCAL ELECTIONS CANDIDATE**

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NAME OF CANDIDATE

Rosemary L. Hruby

**Free advertising provided by jurisdiction**

DATE ADVERTISING WAS TRANSMITTED (YYYY/MM/DD)	JURISDICTION	MEANS OF TRANSMISSION (WEBSITE, FLYER, ETC.)
	NONE	



## 4236 - PREVIOUS FINANCIAL AGENTS

### LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE <b>Rosemary L. Hruby</b>			
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD) <b>2017 / 02 / 20</b>			
FINANCIAL AGENT'S LAST NAME <b>Hruby</b>		FIRST NAME <b>Rosemary</b>	
		MIDDLE NAME <b>L.</b>	
FINANCIAL AGENT MAILING ADDRESS <b>P. O. Box 730</b>			PHONE NO. <b>250-569-2264</b>
CITY/TOWN <b>McBride, B.C.</b>		POSTAL CODE <b>V0J 2E0</b>	EMAIL (IF AVAILABLE) <b>rosemary@advantageinsuranceservice</b>

  

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)