

## LOCAL ELECTIONS CAMPAIGN FINANCING

## 4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT

## LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

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

CANDIDATE'S FULL NAME <b>Camille Robin Macdonald</b>		GENERAL VOTING DAY (YYYY/MM/DD) <b>2017/03/25</b>	
BALLOT NAME (IF DIFFERENT FROM ABOVE) <b>Willow Macdonald</b>		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) <b>Board of Education Trustee</b>	
MAILING ADDRESS <b>PO Box 418</b>		PHONE NO. <b>250 674-7303</b>	
CITY / TOWN <b>Forest Grove</b>	POSTAL CODE <b>V0K1M0</b>	EMAIL (IF AVAILABLE) <b>willowmacdonald@gmail.com</b>	
JURISDICTION <b>SD27 - Cariboo Chilcotin School District</b>			
ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELECTORAL AREA (IF APPLICABLE) <b>Zone 3 - 100 Mile House</b>			
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)			
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)			
FINANCIAL AGENT'S LAST NAME <b>Macdonald</b>	FIRST NAME <b>Camille</b>	MIDDLE NAME <b>Robin</b>	
FINANCIAL AGENT'S MAILING ADDRESS <b>Box 418</b>		PHONE NO.	
CITY / TOWN <b>Forest Grove</b>	POSTAL CODE <b>V0K1M0</b>	EMAIL (IF AVAILABLE) <b>willowmacdonald@gmail.com</b>	
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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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 1-800-661-8633, 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  
Willow Macdonald

## 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)

2017/06/13

PRINTED NAME OF CANDIDATE

Camille Macdonald

SIGNATURE OF FINANCIAL AGENT

DATE: (YYYY/MM/DD)

2017/06/13

PRINTED NAME OF FINANCIAL AGENT

Camille Macdonald

## Campaign accounts:

NAME OF SAVINGS INSTITUTION

TD Canada Trust

ADDRESS

Unit 501, 1801 Princeton-Kamloops Hwy, V2E 5T7

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  
Willow Macdonald

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

392.66

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)

392.66

A

Election expenses (from box A on form 4229)

392.66

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)

392.66

B

## LOCAL ELECTIONS CAMPAIGN FINANCING

# 4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS

## LOCAL ELECTIONS CANDIDATE

**ELECTIONS**  
A non-partisan Office of the Legislature

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NAME OF CANDIDATE  
Willow Macdonald

## All Contributions

\* Individuals

392.66

Corporations

Unincorporated Business/Commercial Organizations

Trade Unions

Non-profit Organizations

Other Identifiable Contributors

Total

\$ 392.66

A

Anonymous contributions

\$ 0

B

Total contributions (A + B)

\$ 392.66

C

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

\$ 392.66

Total contributions of less than \$100

\$ 0

Number of contributors who gave less than \$100

# 0

Number of anonymous contributors

# 0

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1-800-681-8683 PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6

## LOCAL ELECTIONS CANDIDATE

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PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE PAGE   
Willow Macdonald OF

[illegible]

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**

**La**

392.66

## LOCAL ELECTIONS CANDIDATE

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0 OR MORE)  
SEE AMENDMENT

NAME OF CANDIDATE

Willow Macdonald

PAGE

OF

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1-800-661-8883 PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6

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

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NAME OF CANDIDATE  
Willow Macdonald

	Column A Election Expenses	Column B Election Proceedings Period Expenses
<b>ADVERTISING</b>		
Brochures, pamphlets and flyers		
Internet		
Newspaper, magazine, journal *	392.66	* 392.66
Radio		
Signs and billboards		
Television		
Other advertising		
<b>CAMPAIGN ADMINISTRATION</b>		
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		
<b>EXCLUSIONS THAT MUST BE REPORTED</b>		
Personal election expenses		
Interest on loans for election expenses		
Legal and accounting services		
Financial agent services		
Other expenses (describe)		

Total Expenses

A 392.66

B 392.66

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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**4236 - PREVIOUS FINANCIAL AGENTS**  
**LOCAL ELECTIONS CANDIDATE**

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NAME OF CANDIDATE Willow Macdonald			
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD) 02/06/2007			
FINANCIAL AGENT'S LAST NAME Macdonald		FIRST NAME Camille	MIDDLE NAME Robin
FINANCIAL AGENT MAILING ADDRESS Box 418, Forest Grove		PHONE NO. 250-674-7303	
CITY/TOWN 100 Mile House	POSTAL CODE V0K 1M0	EMAIL (IF AVAILABLE) willowmacdonald@gmail.com	
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)	

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