4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT LOCAL ELECTIONS CANDIDATE



•	Attion particular	-	
	A a - december 44		
	Amendment #		

		GENERAL VOTING DAY (YYYY/MM/DD)
CANDIDATE'S FULL NAME Beverly Joanne de Vries		2017/06/24
· · · · · · · · · · · · · · · · · · ·		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.)
BALLOT NAME (IF DIFFERENT FROM ABOVE) Joanne de Vries		Councillor
MAILING ADDRESS		PHONE NO.
12510 Ponderosa Dr		250 766-1797
CITY/TOWN	POSTAL CODE	EMAIL (IF AVAILABLE)
Lake Country	V4V 2G9	jo@freshoutlookfoundation.org
JURISDICTION		
Lake Country		
ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELECTORAL AREA (IF APP	PLICABLE)	
THE PROPERTY OF THE PROPERTY O		
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)		
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)		-:
		MIDDLE NAME
FINANCIAL AGENT'S LAST NAME FIRST NAME FIRST NAME FIRST NAME	everly	Joanne_
FINANCIAL AGENT'S MAILING ADDRESS	J	PHONE NO.
12510 Ponderosa Dr.		250-166-1191
Lake Country BC	V4V 26	3 job fresh outlook fund
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)	nere were previous fina	ncial agents, complete form 4236.
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:	j	
Declarations and Campaign Accounts - Form 4221	Sum	nmary of Election Expenses — Form 4229
Statement of Income and Expenses - Form 4222	Transfers Gi	ven 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	Dist	oursement of Surplus Funds - Form 4234
Other Permissible Deposits - Form 4227	Free	Advertising from Jurisdiction - Form 4235
Fundraising Function Ticket Sales - Form 4228	<u> </u>	Previous Financial Agents - Form 4236

4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE	
Joanne de Vries	
Declaration:	
I, the under signed, declare that to the best of my knowledge and belief, this disclosure statement completely and acc	curately discloses the information
required under the Local Elections Campaign Financing Act (LECFA),	
SIGNATURE OF CANDIDATE	DATE: (YYYY/MM/DD)
DIVINS	1409 15/17
PRINTED NAME OF CANDIDATE BEVERY JOONNE de VIIES	
Levery 3000 CU VIIes	
SIGNATURE OF FINANCIAL AGENT	DATE: (YYYY/MM/DD)
a de vans	AB15/17
PRINTED NAME OF FINANCIAL GENT BUYERLY JOANNE DE VIIES	
Devery Juanne al vites	
Campaign accounts:	
NAME OF SAVINGS INSTITUTION	
_TD Canada Trust	
ADDRESS 890 Main St. Lake County, BC V4V 2T1	
NAME OF SAVINGS INSTITUTION	Na representation de la literatura de la companya del companya de la companya del companya de la
ADDRESS	
NAME OF SAVINGS INSTITUTION	
ADDRESS	
NAME OF SAVINGS INSTITUTION	
ADDRESS	

4222 - STATEMENT OF INCOME AND EXPENSES LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE Joanne de Vries	
Joanne de Viles	:
Total value of campaign contributions from all sources (from box C on form 4223)	602.22 300.00
Transfers received from elector organization (from box A on form 4226)	- O
Total other permissible deposits (from box A on form 4227)	0
Transfers from candidate's own accounts in other jurisdictions (from box A on form 4233)	0
Total Income (sum of above boxes)	602.22 300.00 A
Election expenses (from box A on form 4229)	602,22
Transfers to elector organization (from box A on form 4230)	. 0
Total other permissible payments (from box A on form 4231)	O .
Transfers to candidate's own accounts in other jurisdictions (from box B on form 4233)	0
Amount of surplus funds disbursed (from box A on form 4234)	0
Total Expenditures (sum of above boxes)	602.22 B

4222 - STATEMENT OF INCOME AND EXPENSES LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE Joanne de Vries	
Total value of campaign contributions from all sources (from box C on form 4223)	300,00
Transfers received from elector organization (from box A on form 4226)	0
Total other permissible deposits (from box A on form 4227)	0
Transfers from candidate's own accounts in other jurisdictions (from box A on form 4233)	0
Total Income (sum of above boxes)	300.00 A
SEE	
AMENDMENT Election expenses (from box A on form 4229)	602,22
Transfers to elector organization (from box A on form 4230)	. 0
Total other permissible payments (from box A on form 4231)	0
Transfers to candidate's own accounts in other jurisdictions (from box B on form 4233)	0
Amount of surplus funds disbursed (from box A on form 4234)	0
Total Expenditures (sum of above boxes)	602.22 в

4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE Joanne de Vries	
Individuals	All Contributions
Corporations	0
Unincorporated Business/Commercial Organizations	0
Trade Unions	0
Non-profit Organizations	0
Other Identifiable Contributors	0
Total	5602.22 -300.00A
Anonymous contributions	\$ ОВ
Total contributions (A + B)	5602.22 300.00 c
Total significant contributions (must equal box A on all forms 4224)	\$ 602.22
Total contributions of less than \$100	s O
Number of contributors who gave less than \$100	# 0
Number of anonymous contributors	# O

4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE Joanne de Vries	/
p d d d	
CEE	All Contributions
SEL Individuals	300.00
SEE AMENDMENT Corporations	0
Unincorporated Business/Commercial Organizations	\mathcal{O}
Trade Unions	0
Non-profit Organizations	0
Other Identifiable Contributors	0
Total	\$ 300.00A
Anonymous contributions	s <u>Û</u> B
Total contributions (A + B)	s 300.00 c
Total significant contributions (must equal box A on all forms 4224)	\$
Total contributions of less than \$100	s O
Number of contributors who gave less than \$100	* O
Number of anonymous contributors	* O

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



NAME OF CANDIDATE				PAGE
Joanne de Vries	3			OF)
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
2017/6/9	FULL NAME OF CONTRIBUTOR (For class 2, 3, 4, 5 & 6, include full names of two directors) Shirley McConaghy Jocelyn Howery Joanne & Vries	4	1	100.00
2017/6/15	Joselyn Howery		1	200.00
2017/06/24	Joanne & Vries	·	1	302.22
				-
·				·
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		-		
·				
				
IF NEEDED, ATTACH A * CLASS OF CONTRIB 1 - INDIVIDUAL, 2 - C		OMMERCIAL ORGANIZATION CONTRIE	TOTAL	A 300.00
TENDE UNION, 5	- NON-LACEN ORGANIZATION, 6 - CIRER IDENTIFE	WOLE CONTRIBUTOR	Į	602.32

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



NAME OF CANDIDATE				PAGE
Joanne de Vries	•			OF J
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
2017/6/9	ShirleyMcConaghy		1	100.00
2017/6/15	Shirley McConaghy Tocelyn Howery		1	200.00
		SEE		
	/	AMENDMI	ENT	
			-	
				:
IF NEEDED, ATTACH. *CLASS OF CONTRIE 1 - INDIVIDUAL, 2	ADDITIONAL FORMS SUTOR: CORPORATION, 3 – UNINCORPORATED BUSINESS/CC	MMERCIAL ORGANIZATION CONTRIE	TOTAL BUTIONS	<i>A</i> 3∞.∞

4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

Joanne de Vries				PAGE OF
NSTRUCTIONS: Complete one s Attach addition	heet for each prohibi al forms if necessary	ted campaign con	tribution received.	
RECEIVED FROM	DATE RECEIVED	\$ VALUE	DATE RETURNED	DATE REMITTED TO OR ELECTIONS BC
☐ INDIVIDUAL ☐ ORGANIZATION _	(YYYY/MM/DD)	4 VALUE	(YYYY/MM/DD)	(YYYY/MM/DD)
ANONYMOUS				
DESCRIPTION OF HOW THE PROHIBITED C	ONTRIBUTION WAS RECEIV	(ED		
Complete this field if the prohibi	ted campaign contril	oution was receive	d from an individual:	
NAME OF INDIVIDUAL			, '	
	etalia jugasa yangan i	ang terdering english toposision.	TOTAL TRANSPORT	1998 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Complete these fields if the proh	ilbited campaign con	tribution was rece	ived from an organiza	ition:
Complete these fields if the proh	ilbited campaign con	tribution was rece	ived from an organiza	class*
The state of the s	nibited campaign con	tribution was rece	ved from an organiza	
NAME OF ORGANIZATION	nibited campaign con	tribution was rece		<u> </u>

4 - TRADE UNION, 5 - NON-PROFIT ORGANIZATION, 6 - OTHER

4226 - TRANSFERS RECEIVED FROM ELECTOR ORGANIZATION



LOCAL ELECTIONS CANDIDATE

NAME OF CANDIDATE Joanne de Vries			PAGE OF
DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER
i marininga pagaman da marininga pagada na marininga pagada na marininga pagada na marininga pagada na marining Baranga pagaman pagada na marininga na marininga pagada na marininga na mari	ang anglangan ang ang landra ang		-
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			a de
entre de la constitute de			
ii. ii see jii amaa ka qaasidda ka aa ah aa			
			:
*Also include legal name if	different than ballot name.	TOTAL	A 0

PAGE

4227 - OTHER PERMISSIBLE DEPOSITS TO CAMPAIGN ACCOUNT



LOCAL ELECTIONS CANDIDATE
PLEASE PRINT IN BLOCK LETTERS

_				
DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	^	MOUNT
·				
				· · · · · · · · · · · · · · · · · · ·
				•
		.≱.		
-				
	1		1	

O – Other (describe)

This form is available for public inspection.

ORIGINAL — ELECTIONS BC
PLEASE KEEP A COPY FOR YOUR RECORDS

 ${\bf S}-{\bf Surplus}$ funds from previous election returned by jurisdiction ${\bf F}-{\bf Fundraising}$ income not reported as a campaign contribution

4228 - FUNDRAISING FUNCTION TICKET SALES

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD

NAME OF CANDIDATE				PAGE
Joanne de Vries				OF
DATE OF EVENT (YYYY/MM/DD)	DESCRIPTION OF FUNDRAISING EV	/ENT		
Income reported as campaigr	contributions			militar
	Number of Tickets Sold	Charge per Ticket	Total Charges Collected	Tick if Charge per Ticket Varies
Purchases by or	ganizations			
Purchases by individuals o \$250 wor	f more than th of tickets			
Purchases by individua that are more that				
	Total income reported as	campaign contribution	s	
Remember to report all camp and if applicable, on form 422	aign contributions on form 42 24 - Significant Contributors (223 - Summary of Cam \$100 or more).	paign Contributio	ns by Class,
Other income not reported as	campaign contributions			
	-			Tick if
	Number of Tickets Sold	Charge per Ticket	Total Charges Collected	Charge per Ticket Varies
Purchases by ir tickets of	story and story			

4229 - SUMMARY OF ELECTION EXPENSES LOCAL ELECTIONS CANDIDATE



		Column A	Column B
ADVERTISING		Election Expenses	Election Proceedings Period Expenses
ADVENTISING	Brochures, pamphlets and flyers	214.40	214.45
	Internet	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	Newspaper, magazine, journal		
	Radio		
	Signs and billboards	237.40	237.40
	Television		
	Other advertising		
CAMPAIGN ADMINISTRATION			
	Salaries and wages		
	Rent, insurance and utilities		4
	Courier and postage	42.00	42.00
	Furniture and equipment		
	Office supplies	6.30	6.30
	Professional services		
	Other campaign administration expenses	100	77
	Conventions and meetings	102.01	102.07
	Other campaign related functions		
_	Research and polling		
TWO LIGIDAYS THAT IN ICT DE EEDSCHEE	Interest		
EXCLUSIONS THAT MUST BE REPORTED	Barra or of the flow in the second		
	Personal election expenses		
	Interest on loans for election expenses Legal and accounting services		
	Financial agent services		
Other expenses (describe)	i manual agent services		1.00 m
		The state of the s	
	Total Expenses	602	в 602.23
	Total Expenses	602.22	B 602.23
	for goods and services used in the campaign period.		

4230 - TRANSFERS GIVEN TO ELECTOR ORGANIZATION LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE Joanne de Vries			PAGE OF
DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER
10.0			
		A A A A A A A A A A A A A A A A A A A	
			And the second s
			and the state of t
		*	
·		·	
			>
*Also include legal name if	different than ballot name.	TOTAL	A 0

4231 - OTHER PERMISSIBLE PAYMENTS FROM CAMPAIGN ACCOUNT LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE Joanne de Vries			PAGE OF I
DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AMOUNT
			·
and a superior of the superior			
		,	
and the state of 			
:		·	
6			
*TYPE: B - Bank fees		TOTAL	A 0

F - Payments made for fundraising purposes

N – Nomination deposit O – Other (describe)

4232 - SHARED ELECTION EXPENSE

LOCAL ELECTIONS CANDIDATE





26	ELECT	IONS Office of the Leg	
	A non-partisan	Office of the Leg	gislature

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 candidates) 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 MIDDLE NAME	NAME OF CANDIDATE Joanne de Vries		PAGE
Candidate's portion of shared election expense* Amount paid directly to supplier (if applicable) Amount of reimbursements given to other candidates 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 MIDDLE NAME	DESCRIPTION OF SHARED EXPENSE		
Amount paid directly to supplier (if applicable) Amount of reimbursements given to other candidate(s) Amount of reimbursements received from other candidates O *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 MIDDLE NAME		Total value of shared	election expense
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 MID		Candidate's portion of shared	election expense*
*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 MIDDLE NAME		Amount paid directly to sup	plier (if applicable)
*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 MIDDLE NAME		Amount of reimbursements given to	other candidate(s)
Election Expenses. Full names of other candidates with whom the expense was shared: LAST NAME FIRST NAME MIDDLE NAME MIDDLE NAME		Amount of reimbursements received from	n other candidates
	Election Expenses.		
	LAST NAME	FIRST NAME	MIDDLE NAME
	LAST NAME	FIRST NAME	MIDDLE NAME
	LAST NAME	FIRST NAME	MIDDLE NAME
	LAST NAME	FIRST NAME	MIDDLE NAME
	LAST NAME	FIRST NAME	MIDDLE NAME
	LAST NAME	FIRST NAME	MIDDLE NAME
	LAST NAME	FIRST NAME	MIDDLE NAME
	LAST NAME	FIRST NAME	MIDDLE NAME
	LAST NAME	FIRST NAME	MIDDLE NAME

4233 - TRANSFERS BETWEEN CANDIDATE'S OWN CAMPAIGN ACCOUNTS



LOCAL ELECTIONS CANDIDATE
PLEASE PRINT IN BLOCK LETTERS

ne of candidate anne de Vries			PAGE 1
nsfers between candidate's	s own campaign accounts in same jurisdiction		AMOUNT
	PURPOSE		AMOUNT
	·		<u> </u>
			· .
		udione i=	
nsfers from candidate's ov	vn campaign accounts in other jurisdictions		
DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)		AMOUNT
		TOTAL	A C
•		TOTAL	<u> </u>
	campaign accounts in other jurisdictions	·	
DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)	·	AMOUNT
400-400-400-400-400-400-400-400-400-400	Carr		
		* · · · · · · · · · · · · · · · · · · ·	

4234 - DISBURSEMENT OF SURPLUS FUNDS LOCAL ELECTIONS CANDIDATE



-		
IAME OF CANDIDATE		
oanne de Vries		
		•
	Balance remaining in campaign account(s) after payment of all expenses	0
	Balance remaining in campaign account(s) after payment of an expenses	U^{\perp}
	Tabel and any sign contributions from condidate	()
	Total amount of campaign contributions from candidate	<u> </u>
	side that for a second in a second factor and interest to their compaign	
Amount reimbursed to d	candidate from campaign account for the candidate's contributions to their campaign	<u> </u>
	D. I. C. Soll and the condition of the COOMMANDON	Λ
.t	Date of reimbursement to candidate (YYYY/MM/DD)	U_{-}
		AI.
	Amount of remaining surplus funds (after any reimbursement under box C)	0
	The second secon	
If the amount in Box	x D is \$500 or more, it must be paid to the jurisdiction in which the candidate	
	x 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). D is less than \$500 provide details of how it was disbursed.	
If the amount in Box	D is less than \$500 provide details of how it was disbursed.	AMOUNT
	ran for election. Provide the date of payment (YYYY/MM/DD).	AMOUNT
If the amount in Box	D is less than \$500 provide details of how it was disbursed.	AMOUNT
If the amount in Box	D is less than \$500 provide details of how it was disbursed.	AMOUNT
If the amount in Box	D is less than \$500 provide details of how it was disbursed.	AMOUNT
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If the amount in Box	D is less than \$500 provide details of how it was disbursed.	AMOUNT
If the amount in Box	D is less than \$500 provide details of how it was disbursed.	AMOUNT
If the amount in Box	D is less than \$500 provide details of how it was disbursed.	AMOUNT
If the amount in Box	D is less than \$500 provide details of how it was disbursed.	AMOUNT
If the amount in Box	D is less than \$500 provide details of how it was disbursed.	AMOUNT
If the amount in Box	D is less than \$500 provide details of how it was disbursed.	AMOUNT
If the amount in Box	D is less than \$500 provide details of how it was disbursed.	AMOUNT

4235 - FREE ADVERTISING FROM JURISDICTION LOCAL ELECTIONS CANDIDATE



AME OF CANDIDATE Joanne de Vries Free advertising provided by jurisdiction				
·				
/				

4236 - PREVIOUS FINANCIAL AGENTS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE			
Joanne de Vries			
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)			
EFFECTIVE DATE OF AFFORMMENT (ET ATTIMATED)			
			MKODLE NAME
FINANCIAL AGENT'S LAST NAME	FIRST NAME		WIDDLE WAVIE
•			
FINANCIAL AGENT MAILING ADDRESS			PHONE NO.
CITY/TOWN		POSTALCODE	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)
CITY/TOWN		1	
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)			
FINANCIAL AGENT'S LAST NAME	FIRST NAME	W. R	MIDDLE NAME
FINANCIAL AGENTS DAGT NAME	1 0.001 19 000		
EUWIONI AGENT MAN NO ADERESS			PHONE NO.
FINANCIAL AGENT MAILING ADDRESS			, none to
		T	FALSE (IF AVAILABLE)
CITY/TOWN		POSTAL CODE	EMAIL (IF AVAILABLE)
THE PATE OF A PROPERTY ASSOCIATION			
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)			
FINANCIAL AGENTS LAST NAME	FIRST NAME		MIDDLE NAME
	·		
FINANCIAL AGENT MAILING ADDRESS			PHONE NO.
		A STANFORM TO STAN	
CHY/TOWN		POSTAL CODE	EMAIL (IF AVAILABLE)
	saa saaneel oo sanning toolaanaa maaleed	Liene see	