

4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

Amendment # _____

| | | |
|--|-------------------------------|---|
| CANDIDATE'S FULL NAME Jeanette Vera Lambert | | GENERAL VOTING DAY (YYYY/MM/DD) 2017/06/24 |
| BALLOT NAME (IF DIFFERENT FROM ABOVE) Jeanette Lambert | | OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) Councillor |
| MAILING ADDRESS 16370 Carrs Landing Rd | | PHONE NO. 250 306-8689 |
| CITY / TOWN Lake Country | POSTAL CODE V4V 1A9 | EMAIL (IF AVAILABLE) lambjbert@gmail.com |

JURISDICTION
Lake Country

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. | |

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
 Jeanette Lambert

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* (LECFCA).

| | |
|---|----------------------------------|
| SIGNATURE OF CANDIDATE | DATE: (YYYY/MM/DD) 2017/07/07 |
| PRINTED NAME OF CANDIDATE Jeanette Lambert | |

| | |
|---------------------------------|--------------------|
| SIGNATURE OF FINANCIAL AGENT | DATE: (YYYY/MM/DD) |
| PRINTED NAME OF FINANCIAL AGENT | |

Campaign accounts:

| |
|---|
| NAME OF SAVINGS INSTITUTION TD Canada Trust |
| ADDRESS 9890 Main Street, Lake Country, BC V4V 2T1 |

| |
|-----------------------------|
| NAME OF SAVINGS INSTITUTION |
| ADDRESS |

| |
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| NAME OF SAVINGS INSTITUTION |
| ADDRESS |

| |
|-----------------------------|
| NAME OF SAVINGS INSTITUTION |
| ADDRESS |

4222 - STATEMENT OF INCOME AND EXPENSES
LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE
 Jeanette Lambert

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) **A**

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) **B**

4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE
Jeanette Lambert

| | | All Contributions |
|--|----|-------------------|
| Individuals | | 1,000 - |
| Corporations | | |
| Unincorporated Business/Commercial Organizations | | |
| Trade Unions | | |
| Non-profit Organizations | | |
| Other Identifiable Contributors | | |
| Total | \$ | 1,000 A |

Anonymous contributions \$ **B**

Total contributions (A + B) \$ 1,000 **C**

Total significant contributions (must equal box A on all forms 4224) \$ 1,000

Total contributions of less than \$100 \$ -

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

Number of anonymous contributors # -

4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

| | |
|---------------------------------------|--|
| NAME OF CANDIDATE Jeanette Lambert | PAGE <input style="width: 40px;" type="text"/> OF <input style="width: 40px;" type="text"/> |
|---------------------------------------|--|

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

4228 - FUNDRAISING FUNCTION TICKET SALES

LOCAL ELECTIONS CANDIDATE

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SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD

| | |
|---------------------------------------|--|
| NAME OF CANDIDATE Jeanette Lambert | PAGE <input style="width: 30px;" type="text"/> OF <input style="width: 30px;" 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 type="checkbox"/> |
| Purchases by individuals of more than \$250 worth of tickets | | | | <input type="checkbox"/> |
| Purchases by individuals of tickets that are more than \$50 each | | | | <input type="checkbox"/> |
| Total income reported as campaign contributions | | | | <input type="checkbox"/> |

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 type="checkbox"/> |

4229 - SUMMARY OF ELECTION EXPENSES

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE
Jeanette Lambert

ADVERTISING

- Brochures, pamphlets and flyers
- Internet
- Newspaper, magazine, journal
- Radio
- Signs and billboards
- Television
- Other advertising

Column A

Election Expenses

| |
|------|
| |
| |
| |
| 840- |
| |
| |

Column B

Election Proceedings Period Expenses

| |
|--|
| |
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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

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EXCLUSIONS THAT MUST BE REPORTED

- Personal election expenses
- Interest on loans for election expenses
- Legal and accounting services
- Financial agent services

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Other expenses (describe)

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|--|
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|--|

Total Expenses

| | |
|----------|------|
| A | 840- |
|----------|------|

| | |
|----------|--|
| 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.

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



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE
Jeanette Lambert

PAGE
OF

Transfers between candidate's own campaign accounts in same jurisdiction

| PURPOSE | AMOUNT |
|---------|--------|
| | |
| | |
| | |
| | |
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| | |

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



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE
 Jeanette Lambert

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

Total amount of campaign contributions from candidate **B**

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

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

Amount of remaining surplus funds (after any reimbursement under box C) **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 |
|----------------------|-------------------------------|--------|
| 2017/06/28 | Thomas O'Rourke - Money Order | 154.03 |
| | | |
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4236 - PREVIOUS FINANCIAL AGENTS
LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

| | | | |
|--|--|-------------|----------------------|
| NAME OF CANDIDATE Jeanette Lambert | | | |
| 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) |