

4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

Amendment # _____

CANDIDATE'S FULL NAME George Neil Saunders		GENERAL VOTING DAY (YYYY/MM/DD) 2017/07/08
BALLOT NAME (IF DIFFERENT FROM ABOVE) Neil Saunders		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) Councillor
MAILING ADDRESS 211 View St		PHONE NO. 250 753-1836
CITY / TOWN Nanaimo	POSTAL CODE V9R1 4N5	EMAIL (IF AVAILABLE)

JURISDICTION
Nanaimo

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
NO AGENT INVOLVED. NO REAL CAMPAIGN AT ALL.		
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 type="checkbox"/>	Summary of Election Expenses – Form 4229 <input type="checkbox"/>
Statement of Income and Expenses – Form 4222 <input type="checkbox"/>	Transfers Given to Elector Organization – Form 4230 <input type="checkbox"/>
Summary of Campaign Contributions by Class – Form 4223 <input type="checkbox"/>	Other Permissible Payments – Form 4231 <input type="checkbox"/>
Significant Contributors (\$100 or more) – Form 4224 <input type="checkbox"/>	Shared Election Expense – Form 4232 <input type="checkbox"/>
Prohibited Campaign Contributions – Form 4225 <input type="checkbox"/>	Transfers Between Candidate's Own Accounts – Form 4233 <input type="checkbox"/>
Transfers Received from Elector Organization – Form 4226 <input type="checkbox"/>	Disbursement of Surplus Funds – Form 4234 <input type="checkbox"/>
Other Permissible Deposits – Form 4227 <input type="checkbox"/>	Free Advertising from Jurisdiction – Form 4235 <input type="checkbox"/>
Fundraising Function Ticket Sales – Form 4228 <input type="checkbox"/>	Previous Financial Agents – Form 4236 <input type="checkbox"/>

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4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS
LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE Neil Saunders

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)
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PRINTED NAME OF CANDIDATE NEIL SAUNDERS
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SIGNATURE OF FINANCIAL AGENT	DATE: (YYYY/MM/DD)
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PRINTED NAME OF FINANCIAL AGENT

Campaign accounts: NO ACCOUNTS AT ALL

NAME OF SAVINGS INSTITUTION
ADDRESS

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
Neil Saunders

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**

Neil Saunders

4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE
Neil Saunders

		All Contributions	
Individuals		0	
Corporations		0	
Unincorporated Business/Commercial Organizations		0	
Trade Unions		0	
Non-profit Organizations		0	
Other Identifiable Contributors		0	
Total	\$	0	A

Anonymous contributions \$ 0 B

Total contributions (A + B) \$ 0 C

Total significant contributions (must equal box A on all forms 4224) \$ 0

Total contributions of less than \$100 \$ 0

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

Number of anonymous contributors # 0

Neil Saunders

4224 - SIGNIFICANT CONTRIBUTORS (\$100 OR MORE)

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE
Neil Saunders

PAGE ONE
OF ONE

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
ZERO CONTRIBUTORS				

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 **A** 0

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4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS
LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE Neil Saunders	PAGE ONE OF ONE
<p style="font-size: 1.5em; margin: 0;">ZERO CONTRIBUTIONS RECEIVED</p>	
<p>INSTRUCTIONS: Complete one sheet for each prohibited campaign contribution received. Attach additional forms if necessary.</p>	

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

4226 - TRANSFERS RECEIVED FROM ELECTOR ORGANIZATION LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE Neil Saunders	PAGE <input type="text"/>
ZERO TRANSFERS RECEIVED	OF <input type="text"/>

DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER

*Also include legal name if different than ballot name.

TOTAL	A	0
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4227 - OTHER PERMISSIBLE DEPOSITS
TO CAMPAIGN ACCOUNT
LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE
Neil Saunders

PAGE 016
OF 016

DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AMOUNT
		- NO PERMISSIBLE DEPOSITS	
		- NO CAMPAIGN ACCOUNT	
TOTAL			A 0

Neil Saunders

* 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

NAME OF CANDIDATE Neil Saunders		PAGE ONE OF ONE
DATE OF EVENT (YYYY/MM/DD)	DESCRIPTION OF FUNDRAISING EVENT NO FUNDRAISING EVENT WAS HELD.	

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="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="checkbox"/>
Purchases by individuals of more than \$250 worth of tickets	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="checkbox"/>
Purchases by individuals of tickets that are more than \$50 each	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="checkbox"/>
Total income reported as campaign contributions				<input type="text" value="0"/>

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="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="checkbox"/>

Neil Saunders

4229 - SUMMARY OF ELECTION EXPENSES

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE
Neil Saunders

	Column A Election Expenses	Column B Election Proceedings Period Expenses
ADVERTISING		
Brochures, pamphlets and flyers	0	0
Internet	0	0
Newspaper, magazine, journal	0	0
Radio	0	0
Signs and billboards	0	0
Television	0	0
Other advertising	0	0
CAMPAIGN ADMINISTRATION		
Salaries and wages	0	0
Rent, insurance and utilities	0	0
Courier and postage	0	0
Furniture and equipment	0	0
Office supplies	0	0
Professional services	0	0
Other campaign administration expenses	0	0
Conventions and meetings	0	0
Other campaign related functions	0	0
Research and polling	0	0
Interest	0	0
EXCLUSIONS THAT MUST BE REPORTED		
Personal election expenses	0	0
Interest on loans for election expenses	0	0
Legal and accounting services	0	0
Financial agent services	0	0
Other expenses (describe)	0	0
Total Expenses	A 0	B 0

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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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4230 - TRANSFERS GIVEN TO ELECTOR ORGANIZATION

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE
Neil Saunders

PAGE ONE
OF ONE

DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER
	NO TRANSFERS GIVEN TO ELECTOR ORGANIZATION		

*Also include legal name if different than ballot name.

TOTAL A 0

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4231 - OTHER PERMISSIBLE PAYMENTS
FROM CAMPAIGN ACCOUNT
LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE

Neil Saunders

PAGE ONE

OF ONE

DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AMOUNT
		- NO OTHER PERMISSIBLE PAYMENTS	
		- NO CAMPAIGN ACCOUNT	

*TYPE:
 B - Bank fees
 E - Intended election expense that was not used
 F - Payments made for fundraising purposes
 N - Nomination deposit
 O - Other (describe)

TOTAL A 0

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



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NAME OF CANDIDATE
Neil Saunders

PAGE ONE
OF ONE

Transfers between candidate's own campaign accounts in same jurisdiction

PURPOSE	AMOUNT
NO TRANSFERS OCCURRED	

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 <u>0</u>

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 <u>0</u>

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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

Neil Saunders

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

0	A
---	---

Total amount of campaign contributions from candidate

0	B
---	---

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

0	C
---	---

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

0

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

0	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).

0

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

DATE (YYYY/MM/DD)	DESCRIPTION	AMOUNT
	NO SURPLUS FUNDS	
	I DID NOT USE ANY FUNDS	
	I JUST RAN TO HAVE A SAY.	

Neil Saunders

4235 - FREE ADVERTISING FROM JURISDICTION

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE
Neil Saunders

Free advertising provided by jurisdiction **NOBODY ASKED ME IF I WANTED FREE**

DATE ADVERTISING WAS TRANSMITTED (YYYY/MM/DD)	JURISDICTION	ADVERTISING MEANS OF TRANSMISSION (WEBSITE, FLYER, ETC.)
	- SO I HAD NO	ADVERTISING

Neil Saunders

4236 - PREVIOUS FINANCIAL AGENTS
LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE Neil Saunders			NO FINANCIAL AGENTS/NO FINANCES		
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)		

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