

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

PLEASE PRINT IN BLOCK LETTERS

Amendment # _____

| | | | |
|--|--|---|-------------|
| CANDIDATE'S FULL NAME Arthur Gimson William Pollard | | GENERAL VOTING DAY (YYYY/MM/DD) 2017/09/23 | |
| BALLOT NAME (IF DIFFERENT FROM ABOVE) Art Pollard | | OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) Councillor | |
| MAILING ADDRESS 3231 Linwood Ave | | PHONE NO. 250 361-3747 | |
| CITY / TOWN Saanich | POSTAL CODE V8X 1E5 | EMAIL (IF AVAILABLE) partpoll@shaw.ca | |
| JURISDICTION Saanich | | | |
| 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 1-800-661-8883, 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

Art Pollard

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

Art S. W. Pollard

DATE: (YYYY/MM/DD)

NOV 23, 2017

PRINTED NAME OF CANDIDATE

ARTHUR GIMSON WILLIAM POLLARD

SIGNATURE OF FINANCIAL AGENT

(same)

DATE: (YYYY/MM/DD)

PRINTED NAME OF FINANCIAL AGENT

Campaign accounts:

NAME OF SAVINGS INSTITUTION

Canadian Imperial Bank of Commerce - Mayfair

ADDRESS

326 3147 Douglas St Victoria, B.C V8Z6E3

NAME OF SAVINGS INSTITUTION

ADDRESS

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
Art Pollard

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

360⁰⁰

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)

360⁰⁰

A

Election expenses (from box A on form 4229)

53⁰⁵

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)

306⁹⁵

Total Expenditures (sum of above boxes)

53⁰⁵

B

This form is available for public inspection.

ORIGINAL — ELECTIONS BC

PLEASE KEEP A COPY FOR YOUR RECORDS

This information is collected to administer the *Local Elections Campaign Financing Act*.

Questions? Contact: Privacy Officer, Elections BC

1-800-661-6683 PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6

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

PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE
Art Pollard**All Contributions**

Individuals

300

Corporations

Unincorporated Business/Commercial Organizations

Trade Unions

Non-profit Organizations

Other Identifiable Contributors

Total

\$ 300

A

Anonymous contributions

\$ 0

B

Total contributions (A + B)

\$ 300

C

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

\$ 300

Total contributions of less than \$100

\$ 60⁰⁰

Number of contributors who gave less than \$100

1

Number of anonymous contributors

0



A non-partisan Office of the Legislature

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 9/14 | Tim Kune | | | 100 ⁰⁰ |
| 2017 9/14 | Karen Dearborn | | | 100 ⁰⁰ |
| 2017 9/10 | Art Pollard | | | 100 ⁰⁰ |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| IF NEEDED, ATTACH ADDITIONAL FORMS | | | TOTAL CONTRIBUTIONS | A 300.00 |
| * CLASS OF CONTRIBUTOR: | | | | |
| 1 - INDIVIDUAL, 2 - CORPORATION, 3 - UNINCORPORATED BUSINESS/COMMERCIAL ORGANIZATION | | | | |
| 4 - TRADE UNION, 5 - NON-PROFIT ORGANIZATION, 6 - OTHER IDENTIFIABLE CONTRIBUTOR | | | | |

4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS**LOCAL ELECTIONS CANDIDATE****ELECTIONS**

A non-partisan Office of the Legislature

PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

Art Pollard

PAGE

OF

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 | | | | | | |
| <p>Complete this field if the prohibited campaign contribution was received from an individual:</p> <p>NAME OF INDIVIDUAL</p> | | | | | | |
| <p>Complete these fields if the prohibited campaign contribution was received from an organization:</p> <p>NAME OF ORGANIZATION</p> <p>MAILING ADDRESS</p> <p>NAME OF DIRECTOR</p> <p>CLASS*</p> | | | | | | |

***CLASSES OF CONTRIBUTORS:**

1 - INDIVIDUAL, 2 - CORPORATION, 3 - UNINCORPORATED BUSINESS/COMMERCIAL ORGANIZATION,
4 - TRADE UNION, 5 - NON-PROFIT ORGANIZATION, 6 - OTHER

NA

This form is available for public inspection.

ORIGINAL — ELECTIONS BC

PLEASE KEEP A COPY FOR YOUR RECORDS

This information is collected to administer the Local Elections Campaign Financing Act.

Questions? Contact: Privacy Officer, Elections BC

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

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

PLEASE PRINT IN BLOCK LETTERS



ELECTIONS

A non-partisan Office of the Legislature

NAME OF CANDIDATE

Art Pollard

PAGE 1

OF

[illegible]

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

| | |
|--------------|----------|
| TOTAL | A |
|--------------|----------|

This form is available for public inspection.

ORIGINAL — ELECTIONS BC

PLEASE KEEP A COPY FOR YOUR RECORDS

This information is collected to administer the Local Elections Campaign Financing Act.

Questions? Contact: Privacy Officer, Elections BC

1-800-661-8683 PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6

**4227 - OTHER PERMISSIBLE DEPOSITS
TO CAMPAIGN ACCOUNT**

LOCAL ELECTIONS CANDIDATE

PLEASE PRINT IN BLOCK LETTERS



ELECTIONS

A non-partisan Office of the Legislature

| | |
|----------------------------------|------------|
| NAME OF CANDIDATE Art Pollard | PAGE OF |
|----------------------------------|------------|

[illegible]

*** TYPE:**

1 - Interest

D – Dividends of shares paid by credit union

\$ - Surplus funds from previous election returned by jurisdiction

F— Fundraising income not reported as a campaign contribution

0 - Other (describe) _____

This form is available for public inspection.

ORIGINAL — ELECTIONS BC

PLEASE KEEP A COPY FOR YOUR RECORDS

This information is collected to administer the *Local Elections Campaign Financing Act*.

Questions? Contact: Privacy Officer, Elections BC

1-800-661-8683 PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6

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

PLEASE PRINT IN BLOCK LETTERS

SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD

**ELECTIONS**

A non-partisan Office of the Legislature

| | | |
|----------------------------------|----------------------------------|---------------------------|
| NAME OF CANDIDATE Art Pollard | | PAGE <input type="text"/> |
| | | OF <input 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="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Purchases by individuals of more than \$250 worth of tickets | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Purchases by individuals of tickets that are more than \$50 each | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Total income reported as campaign contributions | | | <input type="text"/> | |

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"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

N/A

This form is available for public inspection.

ORIGINAL — ELECTIONS BC

PLEASE KEEP A COPY FOR YOUR RECORDS

This information is collected to administer the Local Elections Campaign Financing Act.

Questions? Contact: Privacy Officer, Elections BC

1-800-661-8683 PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6

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

PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

Art Pollard

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

Brochures, pamphlets and flyers

Internet

Newspaper, magazine, journal

Radio

Signs and billboards

Television

Other advertising

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

EXCLUSIONS THAT MUST BE REPORTED

Personal election expenses

Interest on loans for election expenses

Legal and accounting services

Financial agent services

Other expenses (describe)

Office supplies

Total Expenses**A**

53.05

B

53.05

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**

PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

Art Pollard

PAGE

OF

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

*Also include legal name if different than ballot name.

This form is available for public inspection.

ORIGINAL — ELECTIONS BC

PLEASE KEEP A COPY FOR YOUR RECORDS

This information is collected to administer the *Local Elections Campaign Financing Act*.

Questions? Contact: Privacy Officer, Elections BC

1-800-661-8683 PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6


ELECTIONS
 A non-partisan Office of the Legislature

NAME OF CANDIDATE

PAGE

OF

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

ORIGINAL — ELECTIONS BC
PLEASE KEEP A COPY FOR YOUR RECORDS

This information is collected to administer the *Local Elections Campaign Financing Act*.
Questions? Contact: **Privacy Officer, Elections BC**
1-800-661-8683 PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6

4232 - SHARED ELECTION EXPENSE

LOCAL ELECTIONS CANDIDATE

PLEASE PRINT IN BLOCK LETTERS

SUBMIT A SEPARATE FORM FOR EACH SHARED ELECTION EXPENSE



ELECTIONS

[illegible]

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

PLEASE PRINT IN BLOCK LETTERS



NAME OF CANDIDATE

Art Pollard

PAGE

OF

Transfers between candidate's own campaign accounts in same jurisdiction

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

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.

This form is available for public inspection.

ORIGINAL — ELECTIONS BC

PLEASE KEEP A COPY FOR YOUR RECORDS

This information is collected to administer the *Local Elections Campaign Financing Act*.

Questions? Contact: **Privacy Officer, Elections BC**

1-800-661-8683 PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6

4234 - DISBURSEMENT OF SURPLUS FUNDS
LOCAL ELECTIONS CANDIDATE

PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

Art Pollard

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

306.95

A

Total amount of campaign contributions from candidate

100

B

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

100

C

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

6/09/17

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

206.95

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 |
|----------------------|--------------|--------|
| 6/12/17 | To candidate | 206.95 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

LOCAL ELECTIONS CANDIDATE


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

Free advertising provided by jurisdiction

[illegible]

4236 - PREVIOUS FINANCIAL AGENTS

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

| | | |
|--|-------------|----------------------|
| NAME OF CANDIDATE Art Pollard | | |
| 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) |
| <div style="text-align: center; font-size: 2em; font-family: cursive;">N/A</div> | | |
| 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) |

This form is available for public inspection.
ORIGINAL — ELECTIONS BC
 PLEASE KEEP A COPY FOR YOUR RECORDS

This information is collected to administer the *Local Elections Campaign Financing Act*.
 Questions? Contact: **Privacy Officer, Elections BC**
 1-800-661-8683 PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6