# 4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT LOCAL ELECTIONS CANDIDATE



#### PLEASE PRINT IN BLOCK LETTERS

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AIII	CIII	unie	111	#_		

			1
CANDIDATE'S FULL NAME Jeanette Elisabeth Jackson			GENERAL VOTING DAY (YYYY/MM/DD)
TO MAD COLOR A STRAIGHT AND THE COMPANY OF THE CONTROL OF THE CONT			2017/09/30
BALLOT NAME (IF DIFFERENT FROM ABOVE)  Jeanette Jackson			OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.)
MAILING ADDRESS			Councillor
304-700 Klahanie Dr			PHONE NO.
CITY/TOWN			604 216-1194
Port Moody		POSTAL CODE	EMAIL (IF AVAILABLE)
Fort Moody		V3H 5L3	jeanette.jackson@gmail.com
JURISDICTION			
Port Moody			
ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELECT	ORAL AREA (IF APPLIC	CABLE)	
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION	(IF APPLICABLE)		
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION	IF APPLICABLE)		
FINANCIAL AGENT'S LAST NAME FIR	RST NAME		MIDDLE NAME
2 9700 FC 900 900 900 900 900 900 900 900 900 90			SMCCC+ (3-8 7 G) (957, 3-25, G) 2
FINANCIAL AGENT'S MAILING ADDRESS			PHONE NO.
CITY / TOWN		POSTAL CODE	EMAIL (IF AVAILABLE)
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)	16.11		
	if there	e were previous financi	al agents, complete form 4236.
V =		Tiels if condidate :	una sasistana da sa Mainda da ta sasa
X Tick if candidate acted as their own financial	agent	Tick if candidate v	was registered as a third party sponsor
This disclosure statement includes the following fo	rme.		
		,	
Declarations and Campaign Accounts -	Form 4221	Summa	ry of Election Expenses - Form 4229
Statement of Income and Expenses -	Form 4222 🗸	Transfers Given	to Elector Organization - Form 4230
O Alibertana ku Class	F 4222 1	Otho	Dermissible Douments Form 4224
Summary of Campaign Contributions by Class -	Form 4223 💟	Othe	r Permissible Payments - Form 4231
Significant Contributors (\$100 or more) -	Form 4224	S	hared Election Expense - Form 4232
Significant Contributors (\$100 of more)	· · · · · · · · · · · · · · · · · · ·	-	
Prohibited Campaign Contributions -	Form 4225	Transfers Between Car	ndidate's Own Accounts - Form 4233
	$\overline{}$		
Transfers Received from Elector Organization -	Form 4226	Disburs	ement of Surplus Funds - Form 4234
	$\overline{}$		
Other Permissible Deposits -	Form 4227 🔽	Free Adv	ertising from Jurisdiction - Form 4235
		20	
Fundraising Function Ticket Sales -	Form 4228	Pr	revious Financial Agents - Form 4236

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The information on this form is collected under the authority of the Local Electrons 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 1-800-651-8683, electionsbc@elections.bc.ca or PO Box 9275 Stn Prov Govt Victoria, BC V8W 936.

## 4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE	
Jeanette Jackson	
Declaration:	
I, the undersigned, declare that to the best of my knowledge and belief, this disclosure statement completely and acc	urately discloses the information
required under the Local Elections Campaign Financing Act (LECFA).	
SIGNATURE OF CANDIDATE	DATE: (YYYY/MM/DD)
	1017/12/20
PRINTED NAME OF CANDIDATE  JEANUTE JACKSON	,
SIGNATURE OF FINANCIAL AGENT	DATE: (YYYY/MM/DD)
PRINTED NAME OF FINANCIAL AGENT	
Campaign accounts:	š
NAME OF SAVINGS INSTITUTION	
CASH ACCOUNT / PETTY CASH ACCO	シンプ
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		
Jeanette Jackson		
Total value of campaign contributions from all sources (from box C on form 4223)	745.00	
Transfers received from elector organization (from box A on form 4226)	0.00	]
Total other permissible deposits (from box A on form 4227)	0,00	]
Transfers from candidate's own accounts in other jurisdictions (from box A on form 4233)	1508,88	
Total Income (sum of above boxes)	2253.88	Α
Election expenses (from box A on form 4229)	2253,88	]
Transfers to elector organization (from box A on form 4230)	0,00	
Total other permissible payments (from box A on form 4231)	0.0	
Transfers to candidate's own accounts in other jurisdictions (from box B on form 4233)	600	]
Amount of surplus funds disbursed (from box A on form 4234)	0,00	]
Total Expenditures (sum of above boxes)	2253.88	В

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



NAME OF CANDIDATE Jeanette Jackson		
	All Contributions	1
Individuals	\$ 560,00	
Corporations	O	
Unincorporated Business/Commercial Organizations	0	
Trade Unions	0	
Non-profit Organizations	0	
Other Identifiable Contributors	O	
Total	\$ 560,00	Α
Anonymous contributions	\$ 185,00	В
Total contributions (A + B)	\$ 745.00	С
Total significant contributions (must equal box A on all forms 4224)	\$ 745,00	
Total contributions of less than \$100	\$ 360.00	
Number of contributors who gave less than \$100	# 15	
Number of anonymous contributors	# /	

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



#### PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE				PAGE !
Jeanette Jackso	n			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
2017/10/5	Celia Chang			200.00
IF NEEDED, ATTACH A *CLASS OF CONTRIBU 1 - INDIVIDUAL, 2 - C 4 - TRADE UNION, 5 -	DDITIONAL FORMS JTOR: ORPORATION, 3 – UNINCORPORATED BUSINESS/C - NON-PROFIT ORGANIZATION, 6 – OTHER IDENTIF	COMMERCIAL ORGANIZATION CONTRIB	TOTAL	A 200.00

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### **4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS**

#### LOCAL ELECTIONS CANDIDATE



#### PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE					PAGE )		
Jeanette Jackson					OF 1		
INSTRUCTIONS: Complete one sheet for each prohibited campaign contribution received.  Attach additional forms if necessary.							
			/				
RECEIVED FROM	DATE RECEIVED	\$ VALUE	DATE RETURNED	OR	DATE REMITTED TO ELECTIONS BC		
☐ INDIVIDUAL ☐ ORGANIZATION	(YYYY/MM/DD)	/	(YYYY/MM/DD)		(YYYY/MM/DD)		
☐ ANONYMOUS							
ANONTMOOS							
DESCRIPTION OF HOW THE PROHIBITED O	CONTRIBUTION WAS RECEI	VED					
Complete this field if the prohibi	ited campaign contri	bution was received	from an individual	:			
NAME OF INDIVIDUAL							
Complete these fields if the prof	hibited campaign co	ntribution was receive	ed from an organiz	zation:			
NAME OF ORGANIZATION					CLASS*		
MAILING ADDRESS							
NAME OF DIRECTOR		NAME OF DIRECT	OR				

\*CLASSES OF CONTRIBUTORS:

1 - INDIVIDUAL, 2 - CORPORATION, 3 - UNINCORPORATED BUSINESS/COMMERCIAL ORGANIZATION,

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

N/A

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



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE Jeanette Jackson			PAGE 1
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 O. 50

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# 4227 - OTHER PERMISSIBLE DEPOSITS TO CAMPAIGN ACCOUNT LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE  Jeanette Jackson				OF 1
DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AN	MOUNT
*TYPE: I – Interest D – Dividends of shares pa	aid by credit	5000 Service - Control	A 0	. <i>8</i> 9

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O - Other (describe)

F – 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			
				OF J			
Jeanette Jackson				OF			
	N OF FUNDRAISING EVEN						
2017/08/10 Kom	ions bullion	u, BUOR					
Income reported as campaign contributio	Income reported as campaign contributions						
				Tick if			
	Number of Tickets Sold	Charge per Ticket	Total Charges Collected	Charge per Ticket Varies			
Purchases by organizations							
Purchases by individuals of more than \$250 worth of tickets	15	24,00	360,5				
Purchases by individuals of tickets that are more than \$50 each							
Total	ncome reported as ca	ampaign contributions	360,00				
Remember to report all campaign contrib and if applicable, on form 4224 - Significa	utions on form 4223 int Contributors (\$10	- Summary of Camp 00 or more).	aign Contributio	ns by Class,			
Other income not reported as campaign of	ontributions			Tick if			
	Number of Tickets Sold	Charge per Ticket	Total Charges Collected	Charge per Ticket Varies			
Purchases by individuals of tickets of \$50 or less							

# 4229 - SUMMARY OF ELECTION EXPENSES LOCAL ELECTIONS CANDIDATE



#### PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE					
Jeanette Jackson					
	Column A	Column B			
ADVERTISING	Election Expenses	Election Proceedings Period Expenses			
Brochures, pamphlets and flyers	636.16				
Internet	203,94				
Newspaper, magazine, journal	0				
Radio	0-				
Signs and billboards	88221				
Television	0-				
Other advertising	162-62				
CAMPAIGN ADMINISTRATION					
Salaries and wages	0-				
Rent, insurance and utilities	0-				
Courier and postage	0/				
Furniture and equipment	0/				
Office supplies	8.95				
Professional services	01				
Other campaign administration expenses	0-				
Conventions and meetings	0-				
Other campaign related functions	360,00				
Research and polling	0-				
Interest	0'				
EXCLUSIONS THAT MUST BE REPORTED					
Personal election expenses	0				
Interest on loans for election expenses	0.7				
Legal and accounting services	0,00				
Financial agent services	Dim				
Other expenses (describe)					
Total Expenses	A 2253,88	В			
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



#### PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE  Jeanette Jackson			PAGE OF I
DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER
(YYYY/MM/DD)			TRANSI ER
*Also include legal name if o	different than ballot name.	TOTAL	A 0,ω

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# 4231 - OTHER PERMISSIBLE PAYMENTS FROM CAMPAIGN ACCOUNT LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE  Jeanette Jackson				PAGE OF
DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AN	MOUNT
*TYPE: B – Bank fees E – Intended election expe F – Payments made for ful	ense that wa	TOTAL as not used proces	<b>A</b> C	). <sub>00</sub>

N - Nomination deposit
O - Other (describe)

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### **4232 - SHARED ELECTION EXPENSE**

#### LOCAL ELECTIONS CANDIDATE





SUBMIT A SEPARATE FORM FOR EACH SHARED ELECTION EXPENSE

NAME OF CANDIDATE Jeanette Jackson		PAGE OF		
DESCRIPTION OF SHARED EXPENSE				
	Total value of shared	d election expense		
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 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		
/				

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# 4233 - TRANSFERS BETWEEN CANDIDATE'S OWN CAMPAIGN ACCOUNTS



### LOCAL ELECTIONS CANDIDATE

PLEASE PRINT IN BLOCK LETTERS

ame of candidate eanette Jackson		PAGE
ansfers between candida	ite's own campaign accounts in same jurisdiction	
	PURPOSE	AMOUNT
Cover a	ill Campaign expenses	1505.86
DATE OF TRANSFER	own campaign accounts in other jurisdictions  PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)	AMOUNT
2017/09/30	Cover all expenses	1508.89
	TOTAL	A 1508,55
nsfers to candidate's o	wn campaign accounts in other jurisdictions	
DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)	AMOUNT
	TOTAL	В
	The amounts in boxes A and B must be carried forward to form 4222.	

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## 4234 - DISBURSEMENT OF SURPLUS FUNDS

### LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE				
Jeanette Jackson				
	Balance remaining in campaign account(s) after payment of all expenses	O. 00 A		
	Balance remaining in campaign account(s) and paymont of all expenses	<u> </u>		
	Total amount of campaign contributions from candidate	1508.80 B		
	total amount of campaign contribution from campaign	1300.50		
Amount raimburged to	candidate from campaign account for the candidate's contributions to their campaign	0,00 C		
Amount reimbursed to	0,			
	Date of reimbursement to candidate (YYYY/MM/DD)	N/.4		
	Date of fellibursement to candidate (11117/mm/25)	17.7		
	Amount of remaining surplus funds (after any reimbursement under box C)	O. 00 D		
	Amount of remaining surplus funds (after any reimbursement under box 5)	<u> </u>		
If the amount in Bo	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).	~/A		
	The state of the s			
If the amount in Bo	x D is less than \$500 provide details of how it was disbursed.			
DATE (YYYY/MM/DD)	DESCRIPTION	AMOUNT		
(YYYY/MM/DD)				
,				

# 4235 - FREE ADVERTISING FROM JURISDICTION LOCAL ELECTIONS CANDIDATE



#### PLEASE PRINT IN BLOCK LETTERS

eanette Jackson	*			
Free advertising provide	d by jurisdiction			
DATE ADVERTISING WAS TRANSMITTED (YYYY/MM/DD)	JURISDICTION	MEANS OF TRANSMISSION (WEBSITE, FLYER, ETC.)		
		1		
	,	1 A		
	7			

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# 4236 - PREVIOUS FINANCIAL AGENTS LOCAL ELECTIONS CANDIDATE



AND THE MENT OF STREET WAY STORY

#### PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE				
Jeanette Jackson				
oddinesis sacrification				
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)	1			
				MIDDLE NAME
FINANCIAL AGENT'S LAST NAME	FIRST NAME			MIDDLE NAME
FINANCIAL AGENT MAILING ADDRESS				PHONE NO.
CITY/TOWN		POSTAL CO	DE	EMAIL (IF AVAILABLE)
CHIT/TOTAL		1	0_	
			5	
CERCOTIVE DATE OF ADDOINTMENT (WWW.IAM.IDD)	1	/		
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)				
FINANCIAL AGENT'S LAST NAME	FIRST NAME		۸	MIDDLE NAME
	/	1	$\mathbb{N}$	
FINANCIAL AGENT MAILING ADDRESS				PHONE NO.
THATOIRE AGENT MAILING ADDRESS	/		,	
		1		
CITY/TOWN		POSTAL CO	DE	EMAIL (IF AVAILABLE)
		J\		
	_ /			
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)	] / \			
	/			
FINANCIAL AGENT'S LAST NAME	FIRST NAME			MIDDLE NAME
THAT CHARLES TO SELECT TO				Co-CPA-MANGEMENT COMP
				PHONE NO.
FINANCIAL AGENT MAILING ADDRESS				PHONE NO.
CITY/TOWN		POSTAL CO	DE	EMAIL (IF AVAILABLE)
		1 1		
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)	1			
	FIRST NAME			MIDDLE NAME
FINANCIAL AGENT'S LAST NAME	FIRST NAME			MIDDLE HOME
FINANCIAL AGENT MAILING ADDRESS				PHONE NO.
CITY/TOWN		POSTAL CO	DE	EMAIL (IF AVAILABLE)
CHITTOWN		1		
		$\bot$		

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