(15/01)

4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT LOCAL ELECTIONS CANDIDATE



Amendment	#		

		Amenament #
CANDIDATE'S FULL NAME		GENERAL VOTING DAY (YYYY/MM/DD)
Mercedes Alicia Maureen Hunter		2017/09/30
BALLOT NAME (IF DIFFERENT FROM ABOVE)	A *** *** *** *** *** *** *** *** *** *	OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.)
Sadie Hunter		Councillor
MAILING ADDRESS		PHONE NO.
1811 Ironwood Cres		778 586-5886
CITY/TOWN	POSTAL CODE	EMAIL (IF AVAILABLE)
Kamloops	V2H 0A6	sadiehunterkamloops@gmail.com
JURISDICTION		
Kamloops		i
ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELECTORAL AREA (IF APPL	ICABLE\	
	io/ibcc/	İ
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
The state of the s		A. M.
HUNTEIZ MERCENES FINANCIAL AGENT'S MAILING ADDRESS		PHONE NO.
1811 IRONWOOD CKES		
CITY/TOWN	POSTAL CODE	250-319-7052 EMAIL (IF AVAILABLE)
KAMLOOPS	1.7	
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)		
2017/07/01 If the	e were previous financ	ial agents, complete form 4236.
X 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	Summa	ery of Election Expenses - Form 4229
Statement of Income and Expenses – Form 4222		
		to Elector Organization - Form 4230
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
Prohibited Campaign Contributions - Form 4225	Transfers Between Car	ndidate's Own Accounts - Form 4233
Transfers Received from Elector Organization - Form 4226	Disburse	ement of Surplus Funds - Form 4234
Other Permissible Deposits - Form 4227	Free Adve	ertising from Jurisdiction - Form 4235
Fundraising Function Ticket Sales - Form 4228	Pr	evious Financial Agents - Form 4236

(14/08)

4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE	
Sadie Hunter	

Declaration:	
I, the undersigned, declare that to the best of my knowledge and belief, this disclosure statement completely and ac	curately discloses the information
required under the Local Elections Campaign Financing Act (LECFA).	
SIGNATURE OF CANDIDATE	DATE: (YYYY/MM/DD)
1 MM	3017/12/01
PRINTED NAME OF CANDIDATE	1 001 7 3101
MERCENES HUNTER (SADIE)	·
SIGNATURE OF FINANCIAL AGENT	DATE: (YYYY/MM/DD)
M/M // US	20,7/12/01
PRINTED NAME OF FINANCIAL AGENT	
MERCEDES HUNTER	
Commains accounts.	
Campaign accounts:	
NAME OF SAVINGS INSTITUTION	M
ROYAL BANK (RBC)	
ADDRESS	
1210 SUMMIT DR, KAMLOOPS BC, V2C GM1	
NAME OF SAVINGS INSTITUTION	
ADDRESS	
	•
NAME OF SAVINGS INSTITUTION	
ADDRESS	
NAME OF SAVINGS INSTITUTION	***************************************
ADDRESS	

(44/08)

4222 - STATEMENT OF INCOME AND EXPENSES LOCAL ELECTIONS CANDIDATE



		Province of the state of the st	
NAME OF CANDIDATE Sadie Hunter			
Total	value of campaign contributions from all sources (from box C on form 4223)	2381,23	
	Transfers received from elector organization (from box A on form 4226)	0	
	Total other permissible deposits (from box A on form 4227)	0	
Transfers fro	m candidate's own accounts in other jurisdictions (from box A on form 4233)	0	
	Total Income (sum of above boxes)	2381.23	А
	Election expenses (from box A on form 4229)	2284.31	
	Transfers to elector organization (from box A on form 4230)	0	
	Total other permissible payments (from box A on form 4231)	6.75	
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)	90.57	
	Total Expenditures (sum of above boxes)	2381.63	В

(14/0R)

4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE Sadie Hunter		
	All Contributions	٦
Individuals	1731.21	
Corporations	650	
Unincorporated Business/Commercial Organizations		
. Trade Unions		
Non-profit Organizations		
Other Identifiable Contributors		
Total	\$ 2381,23	A
Anonymous contributions	\$ 0	В
Total contributions (A + B)	\$ 2381.23	С
Total significant contributions (must equal box A on all forms 4224)	\$ 2381.23	
Total contributions of less than \$100	s 150	
Number of contributors who gave less than \$100	# 3]
Number of anonymous contributors	# 0]

(14/08)

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



ame of candidate iadie Hunter	. .			PAGE
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
2017/08/12	Joanne Hunter		1	10
2017/08/23	William J Turnbull		1	50
2017/07/25	Wendy McKenzie		1	10
2017/07/27	Donna Murnaghan		1	100
2017/09/11	South Cariboo Business Centre Ltd. (Kourno Schmio - met.)	100 475 BIRCH PAR. POROX 1067 100 MILE HOUSE BC VOK DED	2	150
2017/12/04	Sadie Hunter		1	731.23
2017/09/20	1065598 BC LTD (Garret Hunter)	1811 IRONNOD CRES	2	250
2017/09/11	Janice Otremba (self employed)	1293 HIGHRIDGE DR KAMWOODS BE V20595	2	250
2017/09/09	Cheryl Kabloona		1	100
2017/09/07	Wilma Stonehocker		1	100
		,		
	HADDITIONAL FORMS			

(14/08)

4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE					PAGE	
Sadie Hunter					OF	
INSTRUCTIONS: Complete one Attach addition	sheet for each prohil nal forms if necessar		tribution received.			
RECEIVED FROM	DATE RECEIVED	\$ VALUE	DATE RETURNED	OR	DATE REMITTED TO ELECTIONS BC	
☐ INDIVIDUAL ☐ ORGANIZATION	(YYYY/MM/DD)		(YYYY/MM/DD)		(YYYY/MM/DD)	
WA □ ANONYMOUS		0				
DESCRIPTION OF HOW THE PROHIBITED	CONTRIBUTION WAS RECE	IVED		***************************************		
		P. C. O. S. C.				
Complete this field if the prohib	oited campaign contr	ibution was receive	d from an individua	l:		
NAME OF INDIVIDUAL	À.,			NICE STATE OF THE		
	1					
Complete these fields if the pro	hibited campaign co	ntribution was rece	ived from an organi	zation:		
NAME OF ORGANIZATION					CLASS*	
MAILING ADDRESS						
NAME OF DIRECTOR		NAME OF DIRE	CTOR			

* CLASSES OF CONTRIBUTORS:

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

(14/08)

4226 - TRANSFERS RECEIVED FROM ELECTOR ORGANIZATION



LOCAL ELECTIONS CANDIDATE

					~~~
NAME OF CANDIDATE				PAGE	
Sadie Hunter				OF	
			<del></del>		
DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VAL TRA	UE OF NSFER	
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THE					
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			·		
'Also include legal name if	different than ballot name.	TOTAL	A		

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



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE	***************************************			PAGE
Sadie Hunter	· · · · · · · · · · · · · · · · · · ·			OF
DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AM	OUNT
			8	/
VII. 100 100 100 100 100 100 100 100 100 10				
W. F. Company				Left 10 10 10 10 10 10 10 10 10 10 10 10 10
				,
The Control of the Co			71-7-1	
TYPE: I – Interest D – Dividends of shares pa	id by credit	TOTAL	A S	 グ

5 - Surplus funds from previous election returned by jurisdiction

F - Fundralsing income not reported as a campaign contribution

0 - Other (describe)

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

#### LOCAL ELECTIONS CAMPAIGN FINANCING

(14/08)

## 4228 - FUNDRAISING FUNCTION TICKET SALES

#### LOCAL ELECTIONS CANDIDATE

AME OF CANDIDATE	, , , , , , , , , , , , , , , , , , ,				PAGE
adie Hunter					OF .
ATE OF EVENT (XYYY/MM/DD)	DESCRIPT	ION OF FUNDRAISING EV	ENT		
ncome reported as campaign	n contributi	ione	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, ,	
		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 Purchases by individua that are more tha	th of tickets				
stat are more the		——————————————————————————————————————			
	IO(a)	income reported as	campaign contribution	18	
emember to report all camp nd if applicable, on form 422	!4 - Signific	ant Contributors (\$	23 - Summary of Can 100 or more).	npaign Contribution	ns by Class,
ther income not reported as	campaign	contributions	\ <u></u>		Ti-l. :c
		Number of Tickets Sold	Charge per Ticket	Total Charges Collected	Tick if Charge per Ticket Varies
Purchases by in	dividuals of \$50 or less				

(15/01)

# 4229 - SUMMARY OF ELECTION EXPENSES LOCAL ELECTIONS CANDIDATE



	Column A	Column B
DVERTISING	Election Expenses	Election Proceedings Period Expenses
Brochures, pamphlets and flyers	436	.82 272.3
Internet	96	.02 96.0
Newspaper, magazine, journal	157	.50 157.5
Radio		0
Signs and billboards	950	.86 950.8
Television		0
Other advertising	508	.88 426.8
AMPAIGN ADMINISTRATION		
Salaries and wages		
Rent, insurance and utilities		,
Courier and postage		
Furniture and equipment		
Office supplies	134	.23 53.0
Professional services		
Other campaign administration expenses		
Conventions and meetings		
Other campaign related functions		
Research and polling		
Interest		
XCLUSIONS THAT MUST BE REPORTED		
Personal election expenses		
Interest on loans for election expenses		
Legal and accounting services		
Financial agent services	-	
her expenses (describe)		
Г		
Total Expenses	A 2284.	.31 B 1957.2
L		1007.2

(14/08)

# 4230 - TRANSFERS GIVEN TO ELECTOR ORGANIZATION LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE Sadie Hunter			PAGEOF
DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER
4.00			
			,
	·		
	,		``
			. )
The state of the s			
Also include legal name if d	lifferent than ballot name.	TOTAL	A

(14/08)

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



PLEASE PRINT IN BLOCK LETTERS

Sadie Hunter				PAGE
DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION		AMOUNT
2017/09/26	В	Interac e-TRANSFER FEE		\$1.50
2017/04/26	B	INTERAC E TRANSFOR FET		¶1.50
2017/1/01	В	MONTHLY FEE		93.75
TYPE: B - Bank fees E - Intended election exper	ise that was	. ont used	TOTAL	A 86.75

F - Payments made for fundraising purposes

N - Nomination deposit

O - Other (describe)

14/08)

### 4232 - SHARED ELECTION EXPENSE

#### LOCAL ELECTIONS CANDIDATE





36	ELECTIONS A non-partisan Office of the Leg	73.
	A non-partisan Office of the Leg	gislature

NAME OF CANDIDATE Sadie Hunter		PAGE OF	
DESCRIPTION OF SHARED EXPENSE		PARAMETER STATE OF THE STATE OF	
NA			
	Total value of sh	nared 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	d from other candidates	
*Note: Remember to include your	portion of the shared expense as an elec-	ction expense on form 4229 - Summary	
Election Expenses.  Full names of other candidates with	th whom the expense was shared:		of
	th whom the expense was shared:	MIDDLE NAME	of
Full names of other candidates wi			of
Full names of other candidates wi			of
Full names of other candidates wi			of
Full names of other candidates wi			of
Full names of other candidates wi			of
Full names of other candidates wi			of
Full names of other candidates wi			of
Full names of other candidates wi			of

14/08)

# 4233 - TRANSFERS BETWEEN CANDIDATE'S OWN CAMPAIGN ACCOUNTS

#### LOCAL ELECTIONS CANDIDATE





die Hunter		OF
sfers between candi	date's own campaign accounts in same jurisdiction	
	PURPOSE	AMOUNT
N/P		
Winner		
		· · · · · · · · · · · · · · · · · · ·
****		Ø
sfers from candidate	s's own campaign accounts in other jurisdictions	
DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)	AMOUNT
	NA	
	TOTAL	A &
sfers to candidate's	own campaign accounts in other jurisdictions	
DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)	AMOUNT
	NA	
	TOTAL	в

(14/0R)

# 4234 - DISBURSEMENT OF SURPLUS FUNDS LOCAL ELECTIONS CANDIDATE



adie Hunter		
	Balance remaining in campaign account(s) after payment of all expenses	90.57
	Total amount of campaign contributions from candidate	731.23
nount reimbursed	to candidate from campaign account for the candidate's contributions to their campaign	731.23
	Date of reimbursement to candidate (YYYY/MM/DD)	2017/12/06
	Amount of remaining surplus funds (after any reimbursement under box C)	90.57
If the amount in E	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).	n/a
	ox D is less than \$500 provide details of how it was disbursed.	
the amount in Bo	_	AMOUNT
	ox D is less than \$500 provide details of how it was disbursed.	AMOUNT 90.
DATE (YYYY/MM/DD)	DESCRIPTION	

2017/Dec/07 12:43:07 PM

MAINEL

# 4235 - FREE ADVERTISING FROM JURISDICTION LOCAL ELECTIONS CANDIDATE



ree advertising prov		
/AS TRANSMITTED (YYYY/MM/DD)	JURISDICTION	MEANS OF TRANSMISSION (WEBSITE, FLYER, ETC.)
		1
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

# 4236 - PREVIOUS FINANCIAL AGENTS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE	<u>, e e decipio del del al alteres sentato al legoco.</u>	<u>40088 St. Inschulüştülü - 1443-484,7850</u>	DE TATTE DE L'AMBRE DE
Sadie Hunter			
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/D			
TINANCIAL AGENT'S LAST NAME	FIRST NAME		MIDDLE NAME
INANCIAL AGENT MAILING ADDRESS			PHONE NO.
CITY/TOWN .		POSTAL CODE	EMAIL (IF AVAILABLE)
FFECTIVE DATE OF APPOINTMENT (YYYY/MM/D	(O)		
INANCIAL AGENT'S LAST NAME	FIRST NAME	<u> Allendario de la marcia de la serio de la composición del composición de la composición de la composición de la composición del composición de la composic</u>	MIDDLE NAME
INANCIAL AGENT MAILING ADDRESS			PHONE NO.
ITY/TOWN		POSTAL CODE	EMAIL (IF AVAILABLE)
FFECTIVE DATE OF APPOINTMENT (YYYY/MM/D	(O)		
INANCIAL AGENT'S LAST NAME	FIRST NAME	- FEET - FACE - CONTROL OF A RESERVOIR	MIDDLE NAME
INANCIAL AGENT MAILING ADDRESS			PHONE NO.
ITY/TOWN	A STATE OF THE STA	POSTAL CODE	EMAIL (IF AVAILABLE)
FFECTIVE DATE OF APPOINTMENT (YYYY/MM/DI			
NANCIAL AGENT'S LAST NAME	FIRST NAME		MIDDLE NAME
NANCIAL AGENT MAILING ADDRESS			PHONE NO.
		,	1