

4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

Amendment # _____

CANDIDATE'S FULL NAME Bill B Sarai		GENERAL VOTING DAY (YYYY/MM/DD) 2017/09/30
BALLOT NAME (IF DIFFERENT FROM ABOVE) Bill Sarai		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) Councillor
MAILING ADDRESS 988 Arlington Crt		PHONE NO. 250 376-2979
CITY / TOWN Kamloops	POSTAL CODE V2B 8T4	EMAIL (IF AVAILABLE) billsarai@shaw.ca

JURISDICTION Kamloops
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 type="checkbox"/> |
| Summary of Campaign Contributions by Class – Form 4223 <input checked="" type="checkbox"/> | Other Permissible Payments – Form 4231 <input type="checkbox"/> |
| Significant Contributors (\$100 or more) – Form 4224 <input checked="" 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 checked="" 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"/> |

4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE Bill Sarai

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) 2017/10/23
PRINTED NAME OF CANDIDATE BILL SARAI	

SIGNATURE OF FINANCIAL AGENT 	DATE: (YYYY/MM/DD) 2017/10/23
PRINTED NAME OF FINANCIAL AGENT BILL SARAI	

Campaign accounts:

NAME OF SAVINGS INSTITUTION VALLEY FIRST CREDIT UNION
ADDRESS SUITE 3 760 MAYFAIR ST KAMLOOPS BC V2B 0E5

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

BILL SARAI

Total value of campaign contributions from all sources (from box C on form 4223) 18103771.11

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) 18103771.11 **A**

Election expenses (from box A on form 4229) 3271.11

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) 500.00

Total Expenditures (sum of above boxes) ~~3271.11~~ **B**

3771.11

4222 - STATEMENT OF INCOME AND EXPENSES

LOCAL ELECTIONS CANDIDATE



ELECTIONS

A non-partisan Office of the Legislatu

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NAME OF CANDIDATE

BILL SARAI

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

1810

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)

1810

A

**SEE
AMENDMENT**

Election expenses (from box A on form 4229)

3271.11

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)

3271.11

B

4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE

Bill Sarai

All Contributions

Individuals		1810 3771.11	
Corporations			
Unincorporated Business/Commercial Organizations			
Trade Unions			
Non-profit Organizations			
Other Identifiable Contributors			
Total	\$	1810 3771.11	A

Anonymous contributions \$ — B

Total contributions (A + B) \$ ~~1810~~ 3771.11 C

Total significant contributions (must equal box A on all forms 4224) \$ ~~1810~~ 3771.11

Total contributions of less than \$100 \$ 60

Number of contributors who gave less than \$100 # 2

Number of anonymous contributors #

4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE
Bill Sarai

**SEE
 AMENDMENT**

	All Contributions	
Individuals	1810	
Corporations		
Unincorporated Business/Commercial Organizations		
Trade Unions		
Non-profit Organizations		
Other Identifiable Contributors		
Total	\$ 1810	A

Anonymous contributions \$ — **B**

Total contributions (A + B) \$ 1810 **C**

Total significant contributions (must equal box A on all forms 4224) \$ 1810

Total contributions of less than \$100 \$

Number of contributors who gave less than \$100 #

Number of anonymous contributors #

4224 - SIGNIFICANT CONTRIBUTORS (\$100 OR MORE)

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE
BILL SARAI

PAGE 1
 OF 1

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
2017/07/27	BILL SARAI		1	500-
2017/07/28	SERGE BILN		1	250
2017/07/27	KAREN ED REPKA		1	200
2017/08/20	RAY DIANA SCHRAEDER		1	100
2017/09/03	VIK DESAI		1	200
2017/09/07	RAS MATITU		1	500
	[REDACTED]		[REDACTED]	[REDACTED]
	[REDACTED]		[REDACTED]	[REDACTED]
2017/09/30	Bill Sarai		1	1961.11

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 ~~1810~~
 3711.11

4224 - SIGNIFICANT CONTRIBUTORS (\$100 OR MORE)

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE

BILL SARAI

PAGE 1
OF 1

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
	BILL SARAI		1	500-
	SERGE BILW		1	250
	KAREN + ED REPKA		1	200
	RAY + DUNNA SCHRAEDER		1	100
	VIK DESAI	SEE AMENDMENT	1	200
	RAJ MAITHU		1	500

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 1810-

4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE Bill Sarai	PAGE <input type="text" value="1"/> OF <input type="text" value="1"/>
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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

4226 - TRANSFERS RECEIVED FROM ELECTOR ORGANIZATION

LOCAL ELECTIONS CANDIDATE

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NAME OF CANDIDATE
Bill Sarai

PAGE **4**
OF **4**

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**

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

na

4227 - OTHER PERMISSIBLE DEPOSITS TO CAMPAIGN ACCOUNT LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE Bill Sarai	PAGE <input style="width: 40px; border: 1px solid black;" type="text" value="1"/>
OF <input style="width: 40px; border: 1px solid black;" type="text" value="1"/>	

DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AMOUNT

TOTAL	A	/
--------------	----------	---

*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)

N/A

4228 - FUNDRAISING FUNCTION TICKET SALES

LOCAL ELECTIONS CANDIDATE

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SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD

NAME OF CANDIDATE Bill Sarai		PAGE <input type="text" value="1"/> OF <input type="text" value="1"/>
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="checkbox"/>
Purchases by individuals of more than \$250 worth of tickets	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Purchases by individuals of tickets that are more than \$50 each	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Total income reported as campaign contributions				
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

4229 - SUMMARY OF ELECTION EXPENSES

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE
Bill Sarai

	Column A Election Expenses	Column B Election Proceedings Period Expenses
ADVERTISING		
Brochures, pamphlets and flyers	1465.94	1465.94
Internet		
Newspaper, magazine, journal	315.00	315.00
Radio		
Signs and billboards	1490.17	1490.17
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)		
Total Expenses	A 3271.11	B 3271.11

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.

4229 - SUMMARY OF ELECTION EXPENSES

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

Bill Sarai

**SEE
AMENDMENT**

ADVERTISING

Column A

Election Expenses

Column B

Election Proceedings Period Expenses

Brochures, pamphlets and flyers

1465.94

Internet

Newspaper, magazine, journal

315.00

Radio

Signs and billboards

1490.17

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)

Total Expenses

A

3271.11

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.

4230 - TRANSFERS GIVEN TO ELECTOR ORGANIZATION
LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE
 Bill Sarai

PAGE
 OF

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

*Also include legal name if different than ballot name.

4231 - OTHER PERMISSIBLE PAYMENTS FROM CAMPAIGN ACCOUNT LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE Bill Sarai

PAGE 1 OF 1

Table with 4 columns: DATE (YYYY/MM/DD), TYPE*, DESCRIPTION, and AMOUNT. The table contains 15 empty rows.

TOTAL A

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

4232 - SHARED ELECTION EXPENSE

LOCAL ELECTIONS CANDIDATE

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SUBMIT A SEPARATE FORM FOR EACH SHARED ELECTION EXPENSE

NAME OF CANDIDATE
 Bill Sarai

PAGE 1
 OF 1

DESCRIPTION OF SHARED 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

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



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NAME OF CANDIDATE
Bill Sarai

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.

4234 - DISBURSEMENT OF SURPLUS FUNDS

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE Bill Sarai

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

Total amount of campaign contributions from candidate ~~500~~ **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

4234 - DISBURSEMENT OF SURPLUS FUNDS
LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

Bill Sarai

**SEE
AMENDMENT**

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

500 A

Total amount of campaign contributions from candidate

500- B

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

500- C

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

2017/10/20

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).

-

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

DATE (YYYY/MM/DD)	DESCRIPTION	AMOUNT

4235 - FREE ADVERTISING FROM JURISDICTION
LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE
 Bill Sarai

Free advertising provided by jurisdiction

DATE ADVERTISING WAS TRANSMITTED (YYYY/MM/DD)	JURISDICTION	MEANS OF TRANSMISSION (WEBSITE, FLYER, ETC.)

N/A

4236 - PREVIOUS FINANCIAL AGENTS
LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE Bill Sarai			
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)	