

**4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT**

**LOCAL ELECTIONS CANDIDATE**



PLEASE PRINT IN BLOCK LETTERS

Amendment # \_\_\_\_\_

CANDIDATE'S FULL NAME <b>DIANA LYNN DAY</b>		GENERAL VOTING DAY (YYYY/MM/DD) <b>2017/10/14</b>	
BALLOT NAME (IF DIFFERENT FROM ABOVE) <b>DIANA DAY</b>		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) <b>TRUSTEE</b>	
MAILING ADDRESS <b>2915 KASLO ST APT 228</b>		PHONE NO.	
CITY / TOWN <b>VANCOUVER</b>	POSTAL CODE <b>V5M 4S6</b>	EMAIL (IF AVAILABLE)	
JURISDICTION <b>VANCOUVER</b>			
ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELECTORAL AREA (IF APPLICABLE) <b>SD39</b>			
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE) <b>COPE</b>			
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE) <b>COALITION OF PROGRESSIVE ELECTORS</b>			
FINANCIAL AGENT'S LAST NAME <b>YANO</b>	FIRST NAME <b>JOHN</b>	MIDDLE NAME <b>MALCOLM</b>	
FINANCIAL AGENT'S MAILING ADDRESS <b>PO BOX 4395 VANCOUVER MAIN</b>		PHONE NO. <b>604 255-0400</b>	
CITY / TOWN <b>VANCOUVER</b>	POSTAL CODE <b>V6B 3Z8</b>	EMAIL (IF AVAILABLE) <b>financialagent@cope.bc.ca</b>	
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 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 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"/>                  |

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 1-800-591-3942, elections@elections.bc.ca or PO Box 9870, Stn Prov Govt Victoria, BC V8W 1X5

**4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS**  
**LOCAL ELECTIONS CANDIDATE**



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NAME OF CANDIDATE DIANA LYNN DAY	
<b>Declaration:</b> 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 <i>Local Elections Campaign Financing Act (LECFA)</i> .	
SIGNATURE OF CANDIDATE 	DATE: (YYYY/MM/DD) 2018-01-12
PRINTED NAME OF CANDIDATE DIANA DAY	
SIGNATURE OF FINANCIAL AGENT 	DATE: (YYYY/MM/DD) 2018/01/12
PRINTED NAME OF FINANCIAL AGENT John Yano	
<b>Campaign accounts:</b>	
NAME OF SAVINGS INSTITUTION	
ADDRESS	
NAME OF SAVINGS INSTITUTION	
ADDRESS	
NAME OF SAVINGS INSTITUTION	
ADDRESS	
NAME OF SAVINGS INSTITUTION	
ADDRESS	

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This information is collected to administer the *Local Elections Campaign Financing Act*.  
Questions? Contact: Privacy Officer, Elections BC  
1-800-667-8653, PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J5

**4222 - STATEMENT OF INCOME AND EXPENSES**  
**LOCAL ELECTIONS CANDIDATE**



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NAME OF CANDIDATE DIANA DAY	
Total value of campaign contributions from all sources (from box C on form 4223)	0
Transfers received from elector organization (from box A on form 4226)	0
Total other permissible deposits (from box A on form 4227)	0
Transfers from candidate's own accounts in other jurisdictions (from box A on form 4233)	0
<b>Total Income</b> (sum of above boxes)	0 A
Election expenses (from box A on form 4229)	0
Transfers to elector organization (from box A on form 4230)	0
Total other permissible payments (from box A on form 4231)	0
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)	0
<b>Total Expenditures</b> (sum of above boxes)	0 B

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Questions? Contact: **Privacy Officer, Elections BC**  
1-800-661-8663 PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6