

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

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Amendment # _____

CANDIDATE'S FULL NAME Adi Pick		GENERAL VOTING DAY (YYYY/MM/DD) 2017/10/14	
BALLOT NAME (IF DIFFERENT FROM ABOVE) Adi Pick		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) Board of Education Trustee	
MAILING ADDRESS 7488 Maple St		PHONE NO. 778 847-5160	
CITY/TOWN Vancouver	POSTAL CODE V6P15P7	EMAIL (IF AVAILABLE) adi.pick@outlook.com	
JURISDICTION SD39 - Vancouver School District			
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.		
<input checked="" type="checkbox"/> Tick if candidate acted as their own financial agent		<input type="checkbox"/> Tick if candidate was registered as a third party sponsor	
This disclosure statement includes the following forms:			
Declarations and Campaign Accounts - Form 4221 <input type="checkbox"/>		Summary of Election Expenses - Form 4229 <input type="checkbox"/>	
Statement of Income and Expenses - Form 4222 <input type="checkbox"/>		Transfers Given to Elector Organization - Form 4230 <input type="checkbox"/>	
Summary of Campaign Contributions by Class - Form 4223 <input 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.
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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 1-800-661-9583, electionsbc@elections.bc.ca or PO Box 9275 Stn Prov Govt Victoria, BC V8W 9J6.

4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE Adi Pick	
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 <i>Local Elections Campaign Financing Act</i> (LECFA).	
SIGNATURE OF CANDIDATE 	DATE: (YYYY/MM/DD) 2018 / 01 / 07
PRINTED NAME OF CANDIDATE ADI PICK	
SIGNATURE OF FINANCIAL AGENT	DATE: (YYYY/MM/DD)
PRINTED NAME OF FINANCIAL AGENT	
Campaign accounts:	
NAME OF SAVINGS INSTITUTION	
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
 Adi Pick

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

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) **A**

Election expenses (from box A on form 4229)

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) **B**

4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS
LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE Adi Pick			
All Contributions			
	Individuals	840	
	Corporations	0	
	Unincorporated Business/Commercial Organizations	0	
	Trade Unions	0	
	Non-profit Organizations	0	
	Other Identifiable Contributors	0	
	Total	\$ 840	A
	Anonymous contributions	\$ 0	B
	Total contributions (A + B)	\$ 840	C
	Total significant contributions (must equal box A on all forms 4224)	\$ 840	
	Total contributions of less than \$100	\$ 0	
Number of contributors who gave less than \$100 # 			
Number of anonymous contributors # 0			

4224 - SIGNIFICANT CONTRIBUTORS (\$100 OR MORE)

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE Adj Pick	PAGE <input style="width: 20px; text-align: center;" type="text" value="1"/>
	OF <input style="width: 20px; text-align: center;" type="text" value="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
2017/09/20	NEORA PICK		1	300
2017/09/20	DORON PICK		1	300
2017/10/06	ADI PICK		1	140
2017/10/07	Susan MIRHADY		1	100

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	
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4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE Adi Pick	PAGE <input style="width: 20px;" type="text" value="1"/> OF <input style="width: 20px;" type="text" value="1"/>
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

NONE

4227 - OTHER PERMISSIBLE DEPOSITS TO CAMPAIGN ACCOUNT

LOCAL ELECTIONS CANDIDATE

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NAME OF CANDIDATE Adi Pick

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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)

4228 - FUNDRAISING FUNCTION TICKET SALES

LOCAL ELECTIONS CANDIDATE

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SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD



NAME OF CANDIDATE Adi Pick		PAGE <input style="width: 20px; text-align: center;" type="text" value="1"/>
DATE OF EVENT (YYYY/MM/DD)		OF <input style="width: 20px; text-align: center;" type="text" value="1"/>
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="checkbox"/>
Purchases by individuals of more than \$250 worth of tickets				<input type="checkbox"/>
Purchases by individuals of tickets that are more than \$50 each				<input type="checkbox"/>
Total income reported as campaign contributions				<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="checkbox"/>

4229 - SUMMARY OF ELECTION EXPENSES

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE

Adi Pick

ADVERTISING

	Column A Election Expenses	Column B Election Proceedings Period Expenses
Brochures, pamphlets and flyers	112	112
Internet	306	306
Newspaper, magazine, journal		
Radio		
Signs and billboards	422	422
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	840	B	840
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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
Adi Pick

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OF 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

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

4232 - SHARED ELECTION EXPENSE

LOCAL ELECTIONS CANDIDATE

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SUBMIT A SEPARATE FORM FOR EACH SHARED ELECTION EXPENSE



NAME OF CANDIDATE

Adi Pick

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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

Adi Pick

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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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Adi Pick

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

Total amount of campaign contributions from candidate **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

4235 - FREE ADVERTISING FROM JURISDICTION
LOCAL ELECTIONS CANDIDATE



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Adi Pick

Free advertising provided by jurisdiction

DATE ADVERTISING WAS TRANSMITTED (YYYY/MM/DD)	JURISDICTION	MEANS OF TRANSMISSION (WEBSITE, FLYER, ETC.)
2017/09/19	CITY OF VANCOUVER	CITY'S WEBSITE

4236 - PREVIOUS FINANCIAL AGENTS
LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE Adi Pick			
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)