

4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

Amendment # _____

CANDIDATE'S FULL NAME Kalee E Eder		GENERAL VOTING DAY (YYYY/MM/DD) 2017/10/28	
BALLOT NAME (IF DIFFERENT FROM ABOVE) Kalee Eder		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) Councillor	
MAILING ADDRESS 14-2230 Eva Lake Rd		PHONE NO. 604 698-6022	
CITY / TOWN Whistler	POSTAL CODE V0N 1B2	EMAIL (IF AVAILABLE) kalee.eder@gmail.com	
JURISDICTION Whistler			
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.
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 1-800-661-8683, electionsbc@elections.bc.ca or PO Box 9275 Stn Prov Govt Victoria, BC V8W 9J6.

4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE Kalee Eder

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) 2017/11/12
PRINTED NAME OF CANDIDATE KALEE EDER	

SIGNATURE OF FINANCIAL AGENT N/A	DATE: (YYYY/MM/DD)
PRINTED NAME OF FINANCIAL AGENT N/A	

Campaign accounts:

NAME OF SAVINGS INSTITUTION N/A
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



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE
Kalee Eder

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



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE
Kalee Eder

All Contributions

Individuals	<input type="text" value="0"/>	
Corporations	<input type="text" value="0"/>	
Unincorporated Business/Commercial Organizations	<input type="text" value="0"/>	
Trade Unions	<input type="text" value="0"/>	
Non-profit Organizations	<input type="text" value="0"/>	
Other Identifiable Contributors	<input type="text" value="0"/>	
Total	\$ <input type="text" value="0"/>	A

Anonymous contributions \$ **B**

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

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

Total contributions of less than \$100 \$

Number of contributors who gave less than \$100 #

Number of anonymous contributors #

4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE Kalee Eder	PAGE <input style="width: 20px;" type="text"/> OF <input style="width: 20px;" type="text"/>
---------------------------------	--

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		N/A			

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

4228 - FUNDRAISING FUNCTION TICKET SALES

LOCAL ELECTIONS CANDIDATE

PLEASE PRINT IN BLOCK LETTERS

SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD



NAME OF CANDIDATE Kalee Eder		PAGE <input style="width: 40px;" type="text"/>
		OF <input style="width: 40px;" type="text"/>
DATE OF EVENT (YYYY/MM/DD) N/A	DESCRIPTION OF FUNDRAISING EVENT N/A	

Income reported as campaign contributions

	Number of Tickets Sold	Charge per Ticket	Total Charges Collected	Tick if Charge per Ticket Varies
Purchases by organizations	Ø			<input type="checkbox"/>
Purchases by individuals of more than \$250 worth of tickets	Ø			<input type="checkbox"/>
Purchases by individuals of tickets that are more than \$50 each	Ø			<input type="checkbox"/>
Total income reported as campaign contributions				

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	Ø	Ø	Ø	<input type="checkbox"/>

4229 - SUMMARY OF ELECTION EXPENSES

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

Kalee Eder

	Column A Election Expenses	Column B Election Proceedings Period Expenses
ADVERTISING		
Brochures, pamphlets and flyers	N/A	0
Internet	FACEBOOK: \$0	0
Newspaper, magazine, journal	N/A	0
Radio	N/A	0
Signs and billboards	N/A	0
Television	N/A	0
Other advertising	N/A	0
CAMPAIGN ADMINISTRATION		
Salaries and wages	N/A	0
Rent, insurance and utilities	N/A	0
Courier and postage	N/A	0
Furniture and equipment	N/A	0
Office supplies	N/A	0
Professional services	N/A	0
Other campaign administration expenses	N/A	0
Conventions and meetings	N/A	0
Other campaign related functions	N/A	0
Research and polling	N/A	0
Interest	N/A	0
EXCLUSIONS THAT MUST BE REPORTED		
Personal election expenses	N/A	0
Interest on loans for election expenses	N/A	0
Legal and accounting services	N/A	0
Financial agent services	N/A	0
Other expenses (describe)		
Total Expenses	A N/A	B \$0

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.

4232 - SHARED ELECTION EXPENSE

LOCAL ELECTIONS CANDIDATE

PLEASE PRINT IN BLOCK LETTERS



SUBMIT A SEPARATE FORM FOR EACH SHARED ELECTION EXPENSE

NAME OF CANDIDATE
Kalee Eder

PAGE
OF

DESCRIPTION OF SHARED EXPENSE
N/A

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
N/A	N/A	N/A

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



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE
Kalee Eder

PAGE
OF

Transfers between candidate's own campaign accounts in same jurisdiction

PURPOSE	AMOUNT
N/A	\$0

Transfers from candidate's own campaign accounts in other jurisdictions

DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)	AMOUNT
	N/A	\$0
TOTAL		A \$0

Transfers to candidate's own campaign accounts in other jurisdictions

DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)	AMOUNT
	N/A	\$0
TOTAL		B \$0

The amounts in boxes A and B must be carried forward to form 4222.

4234 - DISBURSEMENT OF SURPLUS FUNDS

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

Kalee Eder

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

\$ 0

A

Total amount of campaign contributions from candidate

\$ 0

B

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

\$ 0

C

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

N/A

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).

N/A

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

DATE (YYYY/MM/DD)	DESCRIPTION	AMOUNT
N/A	N/A	\$ 0

4236 - PREVIOUS FINANCIAL AGENTS

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE Kalee Eder		
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)		
FINANCIAL AGENT'S LAST NAME N/A	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)