

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

PLEASE PRINT IN BLOCK LETTERS

Amendment # _____

CANDIDATE'S FULL NAME Alon Rimon		GENERAL VOTING DAY (YYYY/MM/DD) 2017/10/28	
BALLOT NAME (IF DIFFERENT FROM ABOVE) Alon Rimon		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) Councillor	
MAILING ADDRESS 7109 Nancy Greene Dr		PHONE NO. 604 902-3631	
CITY / TOWN Whistler	POSTAL CODE V0N 1B7	EMAIL (IF AVAILABLE) alonrimon73@hotmail.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 N/A		FIRST NAME ACTED AS OWN AGENT	
		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 checked="" type="checkbox"/>
Summary of Campaign Contributions by Class – Form 4223 <input checked="" type="checkbox"/>	Other Permissible Payments – Form 4231 <input checked="" type="checkbox"/>
Significant Contributors (\$100 or more) – Form 4224 <input checked="" type="checkbox"/>	Shared Election Expense – Form 4232 <input checked="" type="checkbox"/>
Prohibited Campaign Contributions – Form 4225 <input checked="" type="checkbox"/>	Transfers Between Candidate's Own Accounts – Form 4233 <input checked="" type="checkbox"/>
Transfers Received from Elector Organization – Form 4226 <input checked="" type="checkbox"/>	Disbursement of Surplus Funds – Form 4234 <input checked="" type="checkbox"/>
Other Permissible Deposits – Form 4227 <input checked="" type="checkbox"/>	Free Advertising from Jurisdiction – Form 4235 <input checked="" type="checkbox"/>
Fundraising Function Ticket Sales – Form 4228 <input checked="" type="checkbox"/>	Previous Financial Agents – Form 4236 <input checked="" type="checkbox"/>

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

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NAME OF CANDIDATE

Alon Rimon

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)

2018/01/04

PRINTED NAME OF CANDIDATE

ALON RIMON

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

N/A

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

Alon Rimon

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
Alon Rimon**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**

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NAME OF CANDIDATE

Alon Rimon

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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

NOT APPLICABLE
NO CONTRIBUTIONS
RELEVANT

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NAME OF CANDIDATE Alon Rimon	PAGE <input type="text"/> OF <input type="text"/>
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[illegible]

*Also include legal name if different than ballot name.

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

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



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NAME OF CANDIDATE

Alon Rimon

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DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AMOUNT
TOTAL			A <input type="text"/>

*** 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)

This form is available for public inspection.

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4228 - FUNDRAISING FUNCTION TICKET SALES**LOCAL ELECTIONS CANDIDATE**

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SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD



NAME OF CANDIDATE

Alon Rimon

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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				
Purchases by individuals of more than \$250 worth of tickets				
Purchases by individuals of tickets that are more than \$50 each				
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				

NOT
APPLICABLE
NO FUNDRAISING

4229 - SUMMARY OF ELECTION EXPENSES**LOCAL ELECTIONS CANDIDATE**

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NAME OF CANDIDATE

Alon Rimon

ADVERTISING**Column A****Election
Expenses****Column B****Election Proceedings
Period Expenses**

Brochures, pamphlets and flyers

Internet

Newspaper, magazine, journal

Radio

Signs and billboards

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****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.



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



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NAME OF CANDIDATE Alon Rimon	PAGE <input type="text"/>
	OF <input type="text"/>

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

This form is available for public inspection.

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4232 - SHARED ELECTION EXPENSE**LOCAL ELECTIONS CANDIDATE**

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SUBMIT A SEPARATE FORM FOR EACH SHARED ELECTION EXPENSE



NAME OF CANDIDATE

Alon Rimon

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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

Alon Rimon

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Transfers between candidate's own campaign accounts in same jurisdiction

PURPOSE	AMOUNT
	Ø

Transfers from candidate's own campaign accounts in other jurisdictions

DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)	AMOUNT
		Ø
TOTAL A		Ø

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		Ø

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

Alon Rimon

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

LOCAL ELECTIONS CANDIDATE



ELECTIONS BC
A non-partisan Office of the Legislature

Alon Rimon[illegible]

4236 - PREVIOUS FINANCIAL AGENTS

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE Alon Rimon		
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)