

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

PLEASE PRINT IN BLOCK LETTERS

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

CANDIDATE'S FULL NAME <b>Susan Irene Kosola</b>		GENERAL VOTING DAY (YYYY/MM/DD) <b>2017/12/02</b>	
BALLOT NAME (IF DIFFERENT FROM ABOVE) <b>Susan Kosola</b>		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) <b>Councillor</b>	
MAILING ADDRESS <del>1-6370 Park Dr</del> <b>Box 1011, Osoyoos BC V0H1V0</b>		PHONE NO. <b>250 797-4049</b>	
CITY / TOWN <b>Oliver</b>	POSTAL CODE <b>V0H 1T3</b>	EMAIL (IF AVAILABLE) <b>chilcojazzy@gmail.com</b>	
JURISDICTION <b>Oliver</b>			
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 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**

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NAME OF CANDIDATE

Susan Kosola

**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 02 20

PRINTED NAME OF CANDIDATE

SUSAN KOSOLA

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  
Susan Kosola

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

**Total Income** (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

**Total Expenditures** (sum of above boxes)

0

**B**

**4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS****LOCAL ELECTIONS CANDIDATE**

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NAME OF CANDIDATE  
Susan Kosola**All Contributions**

Individuals	0	
Corporations	0	
Unincorporated Business/Commercial Organizations	0	
Trade Unions	0	
Non-profit Organizations	0	
Other Identifiable Contributors	0	
Total	\$ 0	<b>A</b>

Anonymous contributions \$ 0 **B**Total contributions (A + B) \$ 0 **C**

Total significant contributions (must equal box A on all forms 4224) \$ 0

Total contributions of less than \$100 \$ 0

Number of contributors who gave less than \$100 # 0

Number of anonymous contributors # 0

## LOCAL ELECTIONS CANDIDATE

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NAME OF CANDIDATE	PAGE
Susan Kosola	OF

[illegible]

\* 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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**ORIGINAL — ELECTIONS BC**  
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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

**4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS****LOCAL ELECTIONS CANDIDATE****ELECTIONS BC**

A non-partisan Office of the Legislature

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NAME OF CANDIDATE

Susan Kosola

PAGE

OF

**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		0			

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**

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SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD



NAME OF CANDIDATE

Susan Kosola

PAGE

OF

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	0	0	0	

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

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NAME OF CANDIDATE

Susan Kosola

**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**

0

**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.



## LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE Susan Kosola	PAGE <input type="text"/> OF <input type="text"/>
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\*Also include legal name if different than ballot name.

TOTAL	A
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**4234 - DISBURSEMENT OF SURPLUS FUNDS****LOCAL ELECTIONS CANDIDATE**

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NAME OF CANDIDATE

Susan Kosola

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)

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