4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

 Amendment	#	
Amendment	#	

AND ALLOT NAME UP DIFFERENT FROM ASOVE) BALLOT NAME UP DIFFERENT FROM ASOVE) COUNCILIOR MALLING ADDRESS PO Box 180 COTYL TOWN Hudson's Hope LEGOTORAL AREA/LOOS BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE) BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE) FINANCIAL AGENT'S LAST NAME FINANCIAL AGENT'S MALLING ADDRESS CITY/TOWN POSTAL COOS BALLOT NAME FINANCIAL AGENT'S MALLING ADDRESS CITY/TOWN POSTAL COOS FINANCIAL AGENT'S MALLING ADDRESS PHONE NO. FINANCIAL AGENT'S MALLING ADDRESS CITY/TOWN POSTAL COOS This disclosure statement includes the following forms: Declarations and Campaign Accounts — Form 4221 Statement of Income and Expenses — Form 4222 Transfers Given to Elector Organization — Form 4230 Summany of Campaign Contributions by Glass — Entim 4223 Significant Contributors (\$100 or more) — Form 4224 Prohibbed Campaign Contributions — Form 4225 Transfers Between Candidate's Cwin Accounts — Form 4231 Transfers Received from Elector Organization — Form 4223 Transfers Received from Elector Organization — Form 4223 Transfers Received from Elector Organization — Form 4224 Provious Financial Agents — Form 4225 Financialing from Jurisciction — Form 4235 Financialing from Jurisciction — Form 4236 Provious Financial Agents — Form 4236 Provio	CANDIDATE'S FULL NAME				GENERAL VOTING DAY (YYY)	//MM/DD)
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MAILING ADDRESS PO BOX 180 250 219-0137 CITY-TOWN Hudson's Hope VOC TV0 thomas a summer@gmail.com JURISDICTION Hudson's Hope ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELECTORALAREA (IF APPLICABLE) BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE) LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE) FINANCIAL AGENTS LAST NAME FIRST NAME FINANCIAL AGENTS 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. X Tick if candidate acted as their own financial agent This disclosure statement includes the following forms: Declarations and Campaign Accounts - Form 4221 Statement of Income and Expenses - Form 4222 Transfers Given to Elector Organization - Form 4230 Summary of Campaign Gentributions by Glass - Enra 4223 City Campaign Contributors (\$100 or more) - Form 4224 Prohibited Campaign Contributions - Form 4225 Transfers Between Candidate's Own Accounts - Form 4233 Transfers Received from Elector Organization - Form 4225 City Permissible Deposits - Form 4227 Free Advertising from Jurisciction - Form 4235	BALLOT NAME (IF DIFFERENT FROM ABOVE)					DUNCILLOR ETC.)
PO Box 180 CITY / TOWN Hudson's Hope LEGOTAL AREA/TRUSTEE ELECTORAL AREA (IF APPLICABLE) BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE) BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE) HINANCIAL AGENT'S LAST NAME FIRST NAME FIRST NAME FIRST NAME POSTAL CODE AMAL (IF AVAILABLE) HINANCIAL AGENT'S LAST NAME FIRST NAME FIRST NAME FIRST NAME PHONE NO. CITY / TOWN POSTAL CODE EMAL (IF AVAILABLE) FIRST NAME PHONE NO. CITY / Town POSTAL CODE EMAL (IF AVAILABLE) EMAL (IF AVAILABLE) FIRST NAME MICOLE NAME FIRST NAME MICOLE NAME FIRST NAME MICOLE NAME FIRST NAME	Tom Summer				Councillor	
CITY / TOWN Hudson's Hope POSTAL CODE						
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	Fundraising Function Ticket Sales	s – Form 4228		Pr	evious Financial Agents -	- Form 4236

4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE Tom Summer	
Declaration: I, the undersigned, declare that to the best of my knowledge and belief, this disclosure statement completely and accurequired under the Local Elections Campaign Financing Act (LECFA).	rately discloses the information
SIGNATURE OF CANDIDATE	DATE: (YYYY/MM/DD)
Thomas Summer	2018/01/04
PRINTED NAME OF CANDIDATE	
THOMAS ALBERT SUMMER	
SIGNATURE OF FINANCIAL AGENT	DATE: (YYYY/MM/DD)
PRINTED NAME OF FINANCIAL AGENT	ч .
Campaign accounts:	
NAME OF SAVINGS INSTITUTION \mathcal{N}/\mathcal{A}	
ADDRESS N/A	
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

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)	<i>D</i>	
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)		
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)	0	
Amount of surplus funds disbursed (from box A on form 4234)	0	
Total Expenditures (sum of above boxes)		