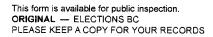
4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT LOCAL ELECTIONS CANDIDATE

ELECTIONS BC A non-partisan Office of the Legislature

PLEASE PRINT IN BLOCK LET	ΓERS		Amendment #	
CANDIDATE'S FULL NAME Kathleen Sharon Landry			GENERAL VOTING DAY (YYYY/MM 2018/06/09	, , , , , , , , , , , , , , , , , , ,
BALLOT NAME (IF DIFFERENT FROM ABOVE) Kathy Landry	****		OFFICE SOUGHT (MAYOR, COUNCE Councillor	ILLOR ETC.)
MAILING ADDRESS PO Box 94			PHONE NO. 250-994-3339	
CITY / TOWN Wells	PC	V0K 2R0	EMAIL (IF AVAILABLE) kslwells@gmail.com	
JURISDICTION Wells ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELECTORAL AREA	A (IF APPLICABL	E)		
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLIC	CABLE)			
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICA	(BLE)			
FINANCIAL AGENT'S LAST NAME FIRST NAME			MIDDLE NAME	
FINANCIAL AGENT'S MAILING ADDRESS			PHONE NO.	
CITY / TOWN	PC	OSTAL CODE	EMAIL (IF AVAILABLE)	
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)	If there we	ere previous financ	ial agents, complete form 4230	3.
Tick if candidate acted as their own financial agent		Tick if candidate	was registered as a third party s	oonsor
This disclosure statement includes the following forms:				
Declarations and Campaign Accounts - Form 42	21	Summ	ary of Election Expenses - For	m 4229
Statement of Income and Expenses - Form 42		Transfers Give	n to Elector Organization - For	m 4230 🔀
Summary of Campaign Contributions by Class - Form 42	23 🔟	Oth	er Permissible Payments - For	m 4231
Significant Contributors (\$100 or more) - Form 42	24 📗		Shared Election Expense - For	m 4232
Prohibited Campaign Contributions - Form 42	25	ansfers Between Ca	andidate's Own Accounts - For	m 4233 🗹
Transfers Received from Elector Organization - Form 42	26 🚺	Disbur	sement of Surplus Funds - For	m 4234 🚺
Other Permissible Deposits - Form 42	27 📝	Free Adv	rertising from Jurisdiction - For	m 4235
Fundraising Function Ticket Sales - Form 42	28 🗾	F	revious Financial Agents - For	m 4236



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.as or PO Box 9275 Stn Prov Govt Victoria, BC V8W 9J6.

4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE	
Kathy Landry	
Declaration:	
I, the undersigned, declare that to the best of my knowledge and belief, this disclosure starequired under the Local Elections Campaign Financing Act (LECFA).	atement completely and accurately discloses the information
SIGNATURE OF CANDIDATE Lathleen S. Landry	DATE: (YYYY/MM/DD) / 2018 108 114
PRINTED LAME OF CANDIDATE Kathleen S. Landry	
SIGNATURE OF FINANCIAL AGENT	DATE: (YYYY/MM/DD)
PRINTED NAME OF FINANCIAL AGENT	
Campaign accounts:	
NAME OF SAVINGS INSTITUTION // / _	
ADDRESS	
NAME OF SAVINGS INSTITUTION NIL	
ADDRESS	
NAME OF SAVINGS INSTITUTION	
ADDRESS	
NAME OF SAVINGS INSTITUTION N/L	And a property of the second section of the section of the second section of the section of the second section of the section of th
ADDRESS	



4222 - STATEMENT OF INCOME AND EXPENSES LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE Kathy Landry	
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
and the second	
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)	В
	KL

4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE Kathy Landry		
reality Landing		
	All Contributions	
Individuals		
Corporations		
Unincorporated Business/Commercial Organizations		
Trade Unions		
Non-profit Organizations		
Other Identifiable Contributors	$\Delta \Box \Delta \Box$	
Total	\$	Α
Anonymous contributions	\$	В
Total contributions (A + B)	\$	С
	, and the second	
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	#	



4224 - SIGNIFICANT CONTRIBUTORS (\$100 OR MORE) LOCAL ELECTIONS CANDIDATE



DATE OF ONTRIBUTION YYY/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
	<u> </u>			
		H		
DED, ATTACH ADDI S OF CONTRIBUTOR	TIONAL FORMS R: PORATION, 3 – UNINCORPORATED BUSINESS/C	*	TOTAL NTRIBUTIONS	

4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS

LOCAL ELECTIONS CANDIDATE



FLEAGE	PRINT IN BLOCK LETTE	RS		
NAME OF CANDIDATE Kathy Landry			e de Constitución de Constituc	PAGE
NSTRUCTIONS: Complete one s Attach addition	sheet for each prohibi al forms if necessary.	ted campaign con	tribution received.	
RECEIVED FROM	DATE		DATE	DATE REMITTED TO
INDIVIDUAL ORGANIZATION	RECEIVED (YYYY/MM/DD)	\$VALUE	RETURNED (YYYY/MM/DD)	OR ELECTIONS BC (YYYY/MM/DD)
ANONYMOUS		{		
DESCRIPTION OF HOW THE PROHIBITED O		***		
Complete this field if the prohibi NAME OF INDIVIDUAL	ted campaign contrib	ution was received	d from an individual:	
Complete these fields if the proh	nibited campaign cont	ribution was recei	ved from an organiza	ition:
NAME OF ORGANIZATION	Pasanakanning and A. M. Maria and A. M.			CLASS*
				1
MAILING ADDRESS				

*CLASSES OF CONTRIBUTORS:

1 - INDIVIDUAL, 2 - CORPORATION, 3 - UNINCORPORATED BUSINESS/COMMERCIAL ORGANIZATION,

4 - TRADE UNION, 5 - NON-PROFIT ORGANIZATION, 6 - OTHER

4226 - TRANSFERS RECEIVED FROM ELECTOR ORGANIZATION LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE			PAGE
Kathy Landry			OF
DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER
·			
		The second secon	
·	·	·	
		,	
Also include legal name if d	ifferent than ballot name.	TOTAL	A

4227 - OTHER PERMISSIBLE DEPOSITS TO CAMPAIGN ACCOUNT



LOCAL ELECTIONS CANDIDATE
PLEASE PRINT IN BLOCK LETTERS

Kathy Landry					PAGE	
Natify Landiy					OF	
DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION		A	MOUNT	
				,	ı	
•		N				
		1				
-						
		·		·		
						-
					-	
, ,						
					4	
TYPE: I – Interest D – Dividends of shares p	aid by credit	TOTAL	A			
S – Surplus funds from pr F – Fundraising income n	revious election of reported a	on returned by jurisdiction s a campaign contribution	L			1/1

This form is available for public inspection.

ORIGINAL — ELECTIONS BC

PLEASE KEEP A COPY FOR YOUR RECORDS

O - Other (describe)

A non-partisan Office of the Legislature

Tick if

4228 - FUNDRAISING FUNCTION TICKET SALES

LOCAL ELECTIONS CANDIDATE

PLEASE PRINT IN BLOCK LETTERS

SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD

			PAGE
			OF
TION OF FUNDRAISING EVE	ENT		
tions			
Number of Tickets Sold	Charge per Ticket	Total Charges Collected	Tick if Charge per Ticket Varies
5			
1	1111		
al income reported as	campaign contribution	s	
	Number of Tickets Sold	Number of Tickets Sold Charge per Ticket	Number of Charge Total Charges Collected

Remember to report all campaign contributions on form 4223 - Summary of Campaign Contributions by Class,

Other income not reported as campaign contributions

and if applicable, on form 4224 - Significant Contributors (\$100 or more).

	Number of Tickets Sold	Charge per Ticket	Total Charges Collected	Charge per Ticket Varies
Purchases by individuals of tickets of \$50 or less				



4229 - SUMMARY OF ELECTION EXPENSES

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

Kathy Landry			
		Column A	Column B
ADVERTISING		Election Expenses	Election Proceedings Period Expenses
	Brochures, pamphlets and flyers		
	Internet		
	Newspaper, magazine, journal		
	. Radio		
	Signs and billboards		
	Television		
	Other advertising		
CAMPAIGN ADMINISTRATION			
	Salaries and wages		V
	Rent, insurance and utilities		
	Courier and postage		
	Furniture and equipment	× 11 +	7
	Office supplies	-WH	
	Professional services	111	
	Other campaign administration expenses		
	Conventions and meetings		
	Other campaign related functions		
	Research and polling		
	Interest		
EXCLUSIONS THAT MUST BE REPOR	RTED		
	Personal election expenses		
	Interest on loans for election expenses		
	Legal and accounting services		
	Financial agent services		
Other expenses (describe)			
	,		
	· · · · · · · · · · · · · · · · · · ·		
	Total Expenses A		В

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

ELECTIONS & A non-partisan Office of the Legislature

PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE Kathy Landry				PAGE	
Ratily Landiy				OF OF	_
DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)		VALUE OF TRANSFER	
	:				
		,			
	· · · · · · · · · · · · · · · · · · ·	111			
		1 7			
	P.				
•					
*Also include legal name if o	different than ballot name.	TOTAL	A		

M

NAME OF CANDIDATE

4231 - OTHER PERMISSIBLE PAYMENTS FROM CAMPAIGN ACCOUNT LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE Kathy Landry				PAGE
			T	OF
DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION		AMOUNT
TYPE: B - Bank fees E - Intended election expe	ense that was	TOTAL s not used	A	

F - Payments made for fundraising purposes

N - Nomination deposit

O - Other (describe)

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

4232 - SHARED ELECTION EXPENSE

LOCAL ELECTIONS CANDIDATE







NAME OF CANDIDATE Kathy Landry		PAGE OF				
DESCRIPTION OF SHARED EXPENSE						
	Total value of share	ed election expense				
	Candidate's portion of share	d election expense*				
Amount paid directly to supplier (if applicable)						
	Amount of reimbursements given to other candidate(s)					
	Amount of reimbursements received from	om other candidates				
*Note: Remember to include your port Election Expenses. Full names of other candidates with w		on expense on form 4229 - Summary of				
LAST NAME	FIRST NAME	MIDDLE NAME				
	(, ()					
		·				
	ALIT					
	/ \					

4233 - TRANSFERS BETWEEN CANDIDATE'S OWN CAMPAIGN ACCOUNTS



LOCAL ELECTIONS CANDIDATE
PLEASE PRINT IN BLOCK LETTERS

ME OF CANDIDATE athy Landry		PAGE
atriy Landry		OF
nsfers between candidate'	s own campaign accounts in same jurisdiction	
	PURPOSE	AMOUNT
	· · · · · · · · · · · · · · · · · · ·	
insfers from candidate's ov	n campaign accounts in other jurisdictions	
DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)	AMOUNT
	LTOTAL	A
nsfers to candidate's own	campaign accounts in other jurisdictions	
DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)	AMOUNT
	TOTAL	В



4234 - DISBURSEMENT OF SURPLUS FUNDS LOCAL ELECTIONS CANDIDATE



athy Landry	-	
	Polance remaining in compaign account(a) often necessary of all aureures	
	Balance remaining in campaign account(s) after payment of all expenses	
	Total amount of campaign contributions from candidate	
mount reimbursed to	candidate from campaign account for the candidate's contributions to their campaign	
	Date of reimbursement to candidate (YYYY/MM/DD)	
	Amount of remaining surplus funds (after any reimbursement under box C)	
If the amount in Bo	x 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).	
f 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). D is less than \$500 provide details of how it was disbursed.	
	ran for election. Provide the date of payment (YYYY/MM/DD).	AMOUNT
f the amount in Box	ran for election. Provide the date of payment (YYYY/MM/DD). D is less than \$500 provide details of how it was disbursed.	AMOUNT
f the amount in Box	ran for election. Provide the date of payment (YYYY/MM/DD). D is less than \$500 provide details of how it was disbursed.	AMOUNT
f the amount in Box	ran for election. Provide the date of payment (YYYY/MM/DD). D is less than \$500 provide details of how it was disbursed.	AMOUNT
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f the amount in Box	ran for election. Provide the date of payment (YYYY/MM/DD). D is less than \$500 provide details of how it was disbursed.	AMOUNT
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f the amount in Box	ran for election. Provide the date of payment (YYYY/MM/DD). D is less than \$500 provide details of how it was disbursed.	AMOUNT
f the amount in Box	ran for election. Provide the date of payment (YYYY/MM/DD). D is less than \$500 provide details of how it was disbursed.	AMOUNT
f the amount in Box	ran for election. Provide the date of payment (YYYY/MM/DD). D is less than \$500 provide details of how it was disbursed.	AMOUNT

4235 - FREE ADVERTISING FROM JURISDICTION LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE Kathy Landry						
Free advertising provided by jurisdiction						
DATE ADVERTISING WAS TRANSMITTED (YYYY/MM/DD)	JURISDICTION	MEANS OF TRANSMISSION (WEBSITE, FLYER, ETC.)				
		·				
	-					
	·					



4236 - PREVIOUS FINANCIAL AGENTS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE Kathy Landry		CREMICE UNITED AND DES	and the state of the
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)		#.A. 40 - 1	
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)		15 st 1	
FINANCIAL AGENT'S LAST NAME	FIRST NAME		MIDDLE NAME
FINANCIAL AGENT MAILING ADDRESS		11	PHONE NO.
CITY/TOWN		POSTAL CODE	EMAIL (IF AVAILABLE)
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)			
FINANCIAL AGENT'S LAST NAME	FIRST NAME	<u></u>	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)

