#### 4300 - DISCLOSURE STATEMENT COVER PAGE LOCAL ELECTIONS CANDIDATE



					GENERAL VOTING DAY (YYYY/MM/DD) 2018/10/20
CANDIDATE'S FULL NAME				BALLOT NAME (IF DIFFER	RENT)
Pamela Ann Craig				Pam Craig	
CANDIDATE'S MAILING ADDRESS				PHONE NO.	
6211 Smith Rd				250-724-0683	
CITY/TOWN	PROV.	POSTAL	CODE	EMAIL (IF AVAILABLE)	
Port Alberni	вс	V9Y	8M1	pcraig@sd70.bc.ca	<b>a</b>
JURISDICTION	X		· · · · · · · · · · · · · · · · · · ·	OFFICE SOUGHT	and the second of the second o
SD70 - Alberni School District				Board of Education	Trustee
ELECTION AREA Trustee Election Area 2					
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF	APPLICA	BLE)			
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF D	DIFFEREN	IT)			
Tick if candidate is their own financial agent			Піс	k if candidate was also	a third party sponsor
FINANCIAL AGENT'S FULL NAME (IF NOT ACTING AS OWN)				EFFECTIVE DATE OF APF	POINTMENT (YYYY/MM/DD)
FINANCIAL AGENT'S MAILING ADDRESS				PHONE NO.	
CITY/TOWN	PROV.	POSTAL	CODE	EMAIL (IF AVAILABLE)	
ZERO CAMPAIGN ACTIVITY					
<ul> <li>Candidates with zero campaign activity may file this form or applicable to the campaign.</li> <li>No income or deposits, including funds from the cand previous elections, transfers, etc.</li> <li>No expenses, including signs reused from previous etc.</li> <li>Did not have a campaign account.</li> <li>Did not change financial agents during this election.</li> <li>Did not receive any free election advertising from their</li> </ul>	idate, co	ntribution: campaigr	s, donation	ons, gifts, loans, funds froi fees, etc.	
NOTE - ENDORSED CANDIDATES MUST ALSO	OINCL	UDE A	COPY C	F THEIR CAMPAIGN	FINANCING ARRANGEMENT.
<b>DECLARATION:</b> I, the undersigned, declare that to the best of my knowledge required under the Local Elections Campaign Financing Actions.		elief, this o	disclosure	statement completely an	d accurately discloses the information
SIGNATURE OF CANDIDATE Pam lay			SIGNATU	RE OF FINANCIAL AGENT	
DATE (YYYY/MM/DD) 2018 /12/5			DATE (YY	YY/MM/DD)	

#### 4301 - CAMPAIGN FINANCING SUMMARY LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE Parn Craig	
Value of campaign contributions from all sources (box A on Form 4302)	<i>₽</i> 319.73
Amount of all permissible loans received (box B on Form 4304)	# 3(1.13
Other deposits into campaign account and in-kind transfers (box A on Form 4305)	Ð
TOTAL INFLOWS (sum of above boxes)	O 319.73
Election period expenses (box A on Form 4307)	319.73
Campaign period expenses (box B on Form 4307) 3	19.73 &
Exclusions from election period expenses (box D on Form 4307)	Ø
Exclusions from campaign period expenses (box E on Form 4307)	8
Other payments from campaign account and in-kind transfers (box A on Form 4309)	8
Amount of surplus funds disbursed (box A on Form 4311)	2 10 70
TOTAL OUTFLOWS (sum of above boxes)	319.73
mpaign Account(s)	
ame of savings institution Royal Bank of Canada  DDRESS  3 nd Ave., 2925 3 nd. Ave, Pont Albert	
3rd Ave., 2925 3rd. Ave, Port Albert	n, B.C. 1942AE
AME OF SAVINGS INSTITUTION  DDRESS	

#### 4301 - CAMPAIGN FINANCING SUMMARY LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE		<del></del>
Pam Craig		
	Value of campaign contributions from all sources (box A on Form 4302)	Ð
<b>\</b>	Amount of all permissible loans received (box B on Form 4304)	O
0	Other deposits into campaign account and in-kind transfers (box <b>A</b> on Form <b>4305</b> )	Ð
		~
	TOTAL INFLOWS (sum of above boxes)	0
	_	
	Election period expenses (box A on Form 4307)	319.73
		011111
	Campaign period expenses (box B on Form 4307)	C
		· &
	Exclusions from election period expenses (box D on Form 4307)	121
	Excitation to the control period dispersion of the control of the	-6
	Exclusions from campaign period expenses (box E on Form 4307)	^-
	Exclusions from carrivary period expenses fook = on rount 7001)	-8
Oth	to bind transfers (boy A on Form 4200)	
Ouk	er payments from campaign account and in-kind transfers (box <b>A</b> on Form <b>4309</b> )	
		<u> </u>
	Amount of surplus funds disbursed (box A on Form 4311)	5
		2 . 0
	TOTAL OUTFLOWS (sum of above boxes)	3 <i>19.</i> 73
		A Principal
	- A Security Security	and the second s
ampaign Account(s)		
NAME OF SAVINGS INSTITUTION		
Royal	Bank of Canada ve., 2925 3rd. Ave, Port Alber	
ADDRESS	During the second	
3nd A	ve. 2925 3rd. Ave Dont Alber	mi BC V942AS
	, , , , , , , , , , , , , , , , , , , ,	111,100000
NAME OF SAVINGS INSTITUTION		
ADDRESS		
		N

#### **SEE AMENDMENT**

#### 4302 - SUMMARY OF CAMPAIGN CONTRIBUTIONS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE Pam Craig		
Campaign contributions include monetary and in-kin Campaign contributions from the candidate must be Do not include anonymous contributions with contri	reported in the same way as contributions from of	ther sources.
Number of contributors who gave less than \$100	# Total contributions of less than \$100	s 0
Number of anonymous contributors	# Anonymous contributions	s <i>6</i>
	Significant contributions (box A from Form 4303).	319.73
	TOTAL CONTRIBUTIONS	s -0319.73 A

#### 4302 - SUMMARY OF CAMPAIGN CONTRIBUTIONS LOCAL ELECTIONS CANDIDATE



m Craig  npaign contributions include monetary and in-kind	contributions.
npaign contributions from the candidate must be r	reported in the same way as contributions from other sources.
not include anonymous contributions with contrib	utions less than \$100.
Number of contributors who gave less than \$100 #	Total contributions of less than \$100 \$
Number of anonymous contributors #	Anonymous contributions \$
	Significant contributions (box A from Form 4303)
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	i i egyita

SEE AMENDMENT

### 4303 - SIGNIFICANT CONTRIBUTORS (\$100 OR MORE) LOCAL ELECTIONS CANDIDATE



Pam Craig  or				
ttach additional forms if necessary.				
FULL NAME OF CONTRIBUTOR (List only one name per contribution)	DATE OF CONTRIBUTION (YYYY/MM/DD)	\$ VALUE OF CONTRIBUTION	RESIDENTIAL ADDRESS OF CONTRIBUTOR	
Pamela Craig	2018/10/10	319.73		
_				
	SUBTOTAL OF THIS PAGE	319.73		
TOTAL	CONTRIBUTIONS LL FORM(S) 4303	319.73 A		

#### 4303 - SIGNIFICANT CONTRIBUTORS (\$100 OR MORE) LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE				PAGE
Pam Craig				OF
Attach additional forms if necessary.				
FULL NAME OF CONTRIBUTOR (List only one name per contribution)	DATE OF CONTRIBUTION (YYYY/MM/DD)	\$ VALUE OF CONTRIBUTION	RESIDENTIAL ADDRESS OF CONTRI	BUTOR
				<u> </u>
	<u></u>			******
SEE AMENDAGES				
SEE AMENDMENT				
<b>SEE AMENDMENT</b>				
	SUBTOTAL OF THIS PAGE			
TOTAL CO FROM ALL	ONTRIBUTIONS FORM(S) 4303	Ø A		

#### 4304 - PERMISSIBLE LOANS RECEIVED LOCAL ELECTIONS CANDIDATE



D O !		PAGE	
Pam Craig		OF	
	ssible loan received. Attach additional fo ite must be disclosed in the same way a		
OAN			
NAME OF LENDER			
RESIDENTIAL ADDRESS OF LENDER*	,		
OAN DETAILS		e:	
DATE RECEIVED (YYYY/MM/DD)	DATE DUE (YYYY/MM/DD)	\$ ORIGINAL AMOUNT OF LOAN	1
\$ AMOUNT OF LOAN OUTSTANDING	LOAN INTEREST RATE %	PRIME RATE** %	•
NAME OF LENDER			
NAME OF LENDER RESIDENTIAL ADDRESS OF LENDER*			
NAME OF LENDER  RESIDENTIAL ADDRESS OF LENDER*  OAN DETAILS	DATE DUE (YYYY/MM/DD)	\$ ORIGINAL AMOUNT OF LOAN	
NAME OF LENDER  RESIDENTIAL ADDRESS OF LENDER*  OAN DETAILS  DATE RECEIVED (YYYY/MM/DD)			
NAME OF LENDER  RESIDENTIAL ADDRESS OF LENDER*  OAN DETAILS  DATE RECEIVED (YYYY/MM/DD)  \$ AMOUNT OF LOAN OUTSTANDING	DATE DUE (YYYY/MM/DD)	\$ ORIGINAL AMOUNT OF LOAN  PRIME RATE** %	
.OAN  NAME OF LENDER  RESIDENTIAL ADDRESS OF LENDER*  .OAN DETAILS  DATE RECEIVED (YYYY/MM/DD)  \$ AMOUNT OF LOAN OUTSTANDING  Report all loan payments as other payments.	DATE DUE (YYYY/MM/DD)  LOAN INTEREST RATE %	\$ ORIGINAL AMOUNT OF LOAN  PRIME RATE** %	

\*RESIDENTIAL ADDRESS:

REQUIRED FOR INDIVIDUAL LENDERS ONLY

\*\*PRIME RATE OF INTEREST:

REQUIRED FOR LOANS FROM SAVING INSTITUTIONS - AVAILABLE ON ELECTIONS BC WEBSITE

# 4305 - OTHER DEPOSITS INTO CAMPAIGN ACCOUNT AND IN-KIND TRANSFERS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE Pam Craig		PAGE OF
candidate and electo	at are not campaign contributions or loans. These include fundraising income, trans or organization (including in-kind transfers), funds from previous elections, return of d dividends. Attach additional forms if necessary.	fers between the deposits (e.g., damage
DATE (YYYY/MM/DD)	DESCRIPTION	\$ AMOUNT
. 1000 m. j.		
		*************
		******
		1,246
<u>.</u>	TOTAL	G A

#### 4307 - SUMMARY OF ELECTION EXPENSES LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE			
Pam Craig			
Campaign Period Expenses - Report	the value of all goods and services use rt the value of all goods and services us both periods, report the full amount us	sed in the campaign perio	od. campaign signs).
		ELECTION PERIOD EXPENSES	CAMPAIGN PERIOD EXPENSES
ADVERTISING		(JANUARY 1 – SEPTEMBER 21, 2018)	(SEPTEMBER 22 – OCTOBER 20, 2018)
	Signs and billboards		
	Value of reused signs		
	Brochures, pamphlets and flyers		
	Newspaper, magazine and journal		319.73
	Internet		
	Radio		
	Television		
	Other advertising		
CAMPAIGN ADMINISTRATION		·	
	Bank fees		. 67
	Courier and postage		
	Rent, insurance and utilities		
	Furniture and equipment		
	Office supplies		
	Salaries and wages		
	Professional services		
	Other campaign administration expenses		
	Conventions and meetings		Ø
	Other campaign related functions		
	Research and polling		
	Interest		
Other expenses (describe)			
	TOTAL EXPENSES	A	319,73 в
	CAMPAIGN	PERIOD EXPENSE LIMIT	\$10,158.88 <b>C</b>
EXCLUSIONS THAT MUST BE REPORT	TED AND AND AND AND AND AND AND AND AND AN	ELECTION PERIOD EXCLUSIONS	CAMPAIGN PERIOD EXCLUSIONS
	Personal election expenses		8
	Financial agent services		
	Legal and accounting services		
Sec	Interest on loans for election expenses		
	TOTAL EXCLUSIONS	D	E

#### 4308 - SHARED ELECTION EXPENSES LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE Pam Craig				PAGE
Report the total value of all shared election expens each unique group of candidates that shared electi Attach additional forms if necessary.		ble column for each	period. Use a sepa	OF
		ON PERIOD PTEMBER 21, 2018)		N PERIOD OCTOBER 20, 2018)
Total value of shared election expenses			e	7
Candidate's portion of shared election expenses  Amount paid to supplier(s) (if applicable)			e	
Note-ensure only your portion of shared election e	xpenses is repor	ted on Form 4307.		
Provide the full names of other candidates the elec- either received from other candidates for their porti	on or given to ot	ere shared with and her candidates for y ON PERIOD	our portion.	
		eimbursement		N PERIOD
FULL NAME(S) OF OTHER CANDIDATE(S)	\$ Given	\$ Received	\$ Given	simbursement \$ Received
			4	

NAME OF CANDIDATE

## 4309 - OTHER PAYMENTS FROM CAMPAIGN ACCOUNT AND IN-KIND TRANSFERS



PAGE

AND IN-KIND TRANSFERS

LOCAL ELECTIONS CANDIDATE

A non-partisan Office of the Legisla

DATE				
DATE YYYY/MM/DD)	DESCRIPTION	\$ AMOUNT		
		TOTAL O		