

Amendment # _____

GENERAL VOTING DAY (YYYY/MM/DD)
2022/10/15

CANDIDATE'S FULL NAME David Alexander Croal			BALLOT NAME (IF DIFFERENT) David Alexander Croal	
CANDIDATE'S MAILING ADDRESS P.O. Box 1467			PHONE NUMBER 604-250-9297	
CITY/TOWN Gibsons	PROV. BC	POSTAL CODE V0N1V0	EMAIL (IF AVAILABLE) David.Croal@gmail.com	

JURISDICTION GIBSONS	OFFICE SOUGHT Councillor
ELECTION AREA GIBSONS	

BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)

LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF DIFFERENT)

Tick if candidate is their own financial agent Tick if candidate was also a third party sponsor

FINANCIAL AGENT'S FULL NAME (IF NOT ACTING AS OWN) Don Brewster			EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD) 2022/09/02	
FINANCIAL AGENT'S MAILING ADDRESS 4 - 818 Kiwanis Way			PHONE NUMBER 604-989-7279	
CITY/TOWN Gibsons	PROV. BC	POSTAL CODE V0N1V9	EMAIL (IF AVAILABLE) Don@theaccountantoffice.com	

ZERO CAMPAIGN ACTIVITY
Candidates with zero campaign activity may file this form only. If any of the conditions **are not met**, file other forms applicable to the campaign.

- No income or deposits, including funds from the candidate, contributions, donations, gifts, loans, funds from previous elections, transfers, etc.
- No expenses, including signs reused from previous elections, campaign account fees, etc.
- Did not have a campaign account.
- Did not change financial agents during this election.

Tick if candidate had zero campaign activity

NOTE - ENDORSED CANDIDATES MUST ALSO INCLUDE A COPY OF THEIR CAMPAIGN FINANCING ARRANGEMENT.

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*.

SIGNATURE OF CANDIDATE 	SIGNATURE OF FINANCIAL AGENT
DATE (YYYY/MM/DD) 2022.10.29	DATE (YYYY/MM/DD) 2022/10/27

WARNING: Signing a false declaration is a serious offence and is subject to significant penalties.

Please submit your report to Elections BC: electoral.finance@elections.bc.ca

NAME OF CANDIDATE David Alexander Croal
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INCOME	
Value of campaign contributions from all sources (box A, Form 4302)	1290.29
Amount of all permissible loans received (box B, Form 4304)	1.00
Other income and transfers received (box A, Form 4305)	0
TOTAL INCOME (sum of above boxes)	1291.29
EXPENSES	
Election period expenses (box A, Form 4307)	1290.29
Campaign period expenses (box B, Form 4307)	1290.29
Election period expenses not subject to limits (box D, Form 4307)	0
Campaign period expenses not subject to limits (box E, Form 4307)	0
Other expenses and transfers given (box A, Form 4309)	
Balance remaining in campaign account(s) after payment of all expenses (box A, Form 4311)	
TOTAL EXPENSES (sum of above boxes)	1290.29

Campaign Account(s)	
NAME OF SAVINGS INSTITUTION Sunshine Coast Credit Union	
ADDRESS 985 Gibsons Way, Gibsons, BC, V0N1V7	
NAME OF SAVINGS INSTITUTION	
ADDRESS	

SUMMARY OF CAMPAIGN CONTRIBUTIONS
LOCAL ELECTIONS CANDIDATE

4302
(22/03)

NAME OF CANDIDATE
David Alexander Croal

Campaign contributions include monetary and in-kind contributions.
Campaign contributions from the candidate must be reported in the same way as contributions from other sources.
Do not include anonymous contributions with contributions less than \$100.

Number of contributors who gave less than \$100	#	0	Total contributions of less than \$100	\$	
Number of anonymous contributors	#	0	Anonymous contributions	\$	
Total value of contributions of \$100 or more (box A, Form 4303)			\$	1290.29	
TOTAL CONTRIBUTIONS				\$	1290.29 A

CAMPAIGN CONTRIBUTIONS WITH A TOTAL VALUE OF \$100 OR MORE
LOCAL ELECTIONS CANDIDATE

NAME OF CANDIDATE David Alexander Croal	PAGE <input style="width: 20px;" type="text" value="1"/> OF <input style="width: 20px;" type="text" value="1"/>
Attach additional forms if necessary.	

FULL NAME OF CONTRIBUTOR	CONTRIBUTOR'S RESIDENTIAL ADDRESS				DATE RECEIVED (YYYY/MM/DD)	CONTRIBUTION AMOUNT	TOTAL OF CONTRIBUTOR'S CONTRIBUTIONS
	ADDRESS	CITY	PROV.	POSTAL CODE			
David Croal	[REDACTED]				2022/10/03	1000.00	
David Croal	[REDACTED]				2022/10/27	241.24	
David Croal	[REDACTED]				2022/10/27	49.05	
SUBTOTAL OF THIS PAGE						1290.29	
TOTAL CONTRIBUTIONS FROM ALL FORM(S) 4303						1290.29	A

This form is available for public inspection.
 Addresses will be obscured.
 PLEASE KEEP A COPY FOR YOUR RECORDS

This information is collected under the authority of the Local Elections Campaign Financing Act and the Freedom of Information and Protection of Privacy Act. The information will be used to administer provisions under the Local Elections Campaign Financing Act. Questions can be directed to: Privacy Officer, Elections BC 1-800-661-8683, privacy@elections.bc.ca or PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6.

PERMISSIBLE LOANS RECEIVED
LOCAL ELECTIONS CANDIDATE

4304
(22/02)

NAME OF CANDIDATE David Alexander Croal	PAGE <input style="width: 40px;" type="text"/> OF <input style="width: 40px;" type="text"/>
Complete one entry for each permissible loan received. Attach additional forms if necessary. Permissible loans from the candidate must be disclosed in the same way as permissible loans from other sources.	

LOAN			
NAME OF LENDER Don Brewster (re: bank acct opening)			
LOAN DETAILS			
DATE RECEIVED (YYYY/MM/DD) 2022/09/02	DATE DUE (YYYY/MM/DD) 2022/12/31	\$ ORIGINAL AMOUNT OF LOAN 1.00	A
\$ AMOUNT OF LOAN OUTSTANDING	LOAN INTEREST RATE %	PRIME RATE* %	
Report all loan payments on Form 4309.			

LOAN			
NAME OF LENDER			
RESIDENTIAL ADDRESS OF LENDER (IF INDIVIDUAL)			
LOAN DETAILS			
DATE RECEIVED (YYYY/MM/DD)	DATE DUE (YYYY/MM/DD)	\$ ORIGINAL AMOUNT OF LOAN	A
\$ AMOUNT OF LOAN OUTSTANDING	LOAN INTEREST RATE %	PRIME RATE* %	
Report all loan payments on Form 4309.			

TOTAL AMOUNT OF ALL LOANS RECEIVED (Sum of all boxes A on Form(s) 4304)	1.00	B
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RESIDENTIAL ADDRESS: REQUIRED FOR INDIVIDUAL LENDERS ONLY
*PRIME RATE OF INTEREST: REQUIRED FOR LOANS FROM SAVINGS INSTITUTIONS – AVAILABLE ON ELECTIONS BC WEBSITE

OTHER INCOME AND TRANSFERS RECEIVED
LOCAL ELECTIONS CANDIDATE

4305
(22/03)

NAME OF CANDIDATE David Alexander Croal	PAGE <input style="width: 40px;" type="text"/> OF <input style="width: 40px;" type="text"/>
Report all transfers received and income that are not campaign contributions or loans on this form.	

DATE (YYYY/MM/DD)	DESCRIPTION	\$ AMOUNT
		0
TOTAL		0 A

This form is available for public inspection.
PLEASE KEEP A COPY FOR YOUR RECORDS

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NAME OF CANDIDATE David Alexander Croal	PAGE <input style="width: 40px;" type="text"/> OF <input style="width: 40px;" type="text"/>
Complete one entry for each prohibited campaign contribution or loan received. Attach additional forms if necessary.	

PROHIBITED CONTRIBUTION				
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				
FULL NAME OF INDIVIDUAL OR ORGANIZATION				
ADDRESS OF ORGANIZATION, IF APPLICABLE				

PROHIBITED LOAN		
DESCRIPTION OF HOW THE PROHIBITED LOAN WAS RECEIVED	DATE RETURNED TO LENDER (YYYY/MM/DD)	
NAME OF LENDER		
DATE RECEIVED (YYYY/MM/DD)	DATE DUE (YYYY/MM/DD)	\$ ORIGINAL AMOUNT OF LOAN
LOAN INTEREST RATE %	PRIME RATE* %	

***PRIME RATE OF INTEREST:**
REQUIRED FOR LOANS FROM SAVINGS INSTITUTIONS – AVAILABLE ON ELECTIONS BC WEBSITE

SUMMARY OF ELECTION EXPENSES
LOCAL ELECTIONS CANDIDATE

NAME OF CANDIDATE

David Alexander Croal

Election Period Expenses - Report the value of all goods and services used in the election period.
Campaign Period Expenses - Report the value of all goods and services used in the campaign period.
If goods and services were used in both periods, report the full amount used in both columns (e.g., campaign signs).

ADVERTISING	ELECTION PERIOD EXPENSES	CAMPAIGN PERIOD EXPENSES
Commercial canvassing in person, by telephone, or over the internet		
Newspapers and periodicals	1030.05	1030.05
Promotional materials, including newsletters, brochures, buttons and novelty items	31.25	31.25
Radio		
Search engine marketing and optimization		
Signs		
Value of reused signs		
Social media		
Television		
Website displays		
Other expenses (describe)		
CAMPAIGN ADMINISTRATION		
Accounting services		
Bank charges		
Conventions, workshops and meetings		
Donations and gifts		
Fundraising functions		
Furniture and equipment		
Interest expense		
Office rent, utilities, insurance and maintenance		
Office supplies and stationary	228.99	228.99
Postage and courier		
Professional services		
Research and data, including election surveys and polls		
Salaries and benefits		
Social functions		
Subscriptions and dues		
Telecommunications and information technology		
Travel		
Other expenses (describe)		
TOTAL EXPENSES	1290.29 A	1290.29 B
CAMPAIGN PERIOD EXPENSE LIMIT		5,398.92 C
ELECTION EXPENSES NOT SUBJECT TO LIMITS	ELECTION PERIOD	CAMPAIGN PERIOD
Personal election expenses		
Financial agent services		
Legal and accounting services		
Interest on loans for election expenses		
TOTAL EXPENSES NOT SUBJECT TO LIMITS	0 D	0 E

**SHARED ELECTION EXPENSES
LOCAL ELECTIONS CANDIDATE**

NAME OF CANDIDATE David Alexander Croal	PAGE <input type="text"/>	OF <input type="text"/>
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Report the total value of all shared election expenses in the applicable column for each period. Use a separate form for each unique group of candidates that shared election expenses.
Attach additional forms if necessary.

	ELECTION PERIOD	CAMPAIGN PERIOD
Total value of shared election expenses	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Candidate's portion of shared election expenses	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Amount paid to supplier(s) (if applicable)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Note - ensure only your portion of shared election expenses is reported on Form 4307.
Provide the full names of other candidates the election expenses were shared with and the amounts of reimbursements either received from other candidates for their portion or paid to other candidates for your portion.

FULL NAME(S) OF OTHER CANDIDATE(S)	ELECTION PERIOD		CAMPAIGN PERIOD	
	Amount of reimbursement		Amount of reimbursement	
	\$ Paid	\$ Received	\$ Paid	\$ Received

OTHER EXPENSES AND TRANSFERS GIVEN
LOCAL ELECTIONS CANDIDATE

NAME OF CANDIDATE David Alexander Croal	PAGE <input style="width: 40px;" type="text"/> OF <input style="width: 40px;" type="text"/>
Report all transfers given and expenses that are not election expenses on this form.	

DATE (YYYY/MM/DD)	DESCRIPTION	\$ AMOUNT
2022/10/27	Repayment of loan & close out of bank acct	1.00
TOTAL		A

NAME OF CANDIDATE David Alexander Croal	PAGE <input style="width: 40px;" type="text"/>
	OF <input style="width: 40px;" type="text"/>

Complete a separate form for each function.

DATE OF FUNCTION (YYYY/MM/DD)	DESCRIPTION OF FUNDRAISING FUNCTION (IF JOINT FUNCTION, LIST OTHER CANDIDATE(S))
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A – FUNDRAISING INCOME REPORTED AS CAMPAIGN CONTRIBUTIONS
All income reported as campaign contributions must also be included on Form 4302 and, if applicable, Form 4303.

TICKET SALES (includes function entry fees)	NUMBER OF TICKETS SOLD	CHARGE PER TICKET	TOTAL CHARGES COLLECTED	TICK IF CHARGE PER TICKET VARIES
	#	\$	\$	<input checked="" type="checkbox"/>
Purchases by eligible individuals of more than \$50 worth of tickets				
	x	=		
Number of eligible individuals that purchased tickets				

OTHER CAMPAIGN CONTRIBUTIONS
(i.e., goods and services that are donated for the function or sold at the function for more than their market value)

DESCRIPTION	\$ VALUE
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B – FUNDRAISING INCOME NOT REPORTED AS CAMPAIGN CONTRIBUTIONS
All income not reported as campaign contributions must also be included on Form 4305.

TICKET SALES (includes function entry fees)	NUMBER OF TICKETS SOLD	CHARGE PER TICKET	TOTAL CHARGES COLLECTED	TICK IF CHARGE PER TICKET VARIES
	#	\$	\$	<input checked="" type="checkbox"/>
Purchases by eligible individuals of \$50 or less worth of tickets				
	x	=		
Number of eligible individuals that purchased tickets				

OTHER INCOME NOT REPORTED AS CAMPAIGN CONTRIBUTIONS
(i.e., goods and services sold at the function for their market value or less)

DESCRIPTION	\$ VALUE
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C – COST OF FUNCTION
The total cost of all fundraising functions must also be included on Form 4309.

The cost of a fundraising function includes goods and services such as food, drinks, prizes, decorations, venue rental, advertising, staffing, entertainment, etc.

	\$ TOTAL COST OF FUNCTION
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DISBURSEMENT OF SURPLUS FUNDS
LOCAL ELECTIONS CANDIDATE

NAME OF CANDIDATE David Alexander Croal
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Balance remaining in campaign account(s) after payment of all expenses	1.00	A
Total amount of campaign contributions from candidate	1290.29	

A If the candidate made campaign contributions of money to their own campaign, they can be paid back for those amounts from the balance remaining in the campaign account(s). Enter the payment to the candidate below and go to B.

DATE (YYYY/MM/DD)	\$ AMOUNT
2022/10/27	1290.29

B If the amount remaining in the campaign account(s) is \$500 or more after payment of all expenses, and the candidate has been paid back (if applicable), the funds must be paid to the jurisdiction where the candidate ran for election. Enter the payment below. If the amount remaining in the campaign account(s) is less than \$500 skip this section and go to C.

DATE (YYYY/MM/DD)	\$ AMOUNT
	0

C If the amount remaining in the campaign account(s) is less than \$500 after the payment of all expenses, and the candidate has been paid back (if applicable), the funds must be disbursed as directed by the candidate. Enter this disbursement below, including a description of how the funds were disbursed.

DATE (YYYY/MM/DD)	DESCRIPTION	\$ AMOUNT
2022/10/27	repayment of loan & Close-out of bank acct	1.00

NAME OF CANDIDATE David Alexander Croal
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FORMER FINANCIAL AGENTS				
Enter the information below for any former financial agents during this election. Do not enter financial agent information from previous elections, or the name of the candidate if they previously acted as their own financial agent.				
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)				
FINANCIAL AGENT'S FULL NAME				
FINANCIAL AGENT'S MAILING ADDRESS 4 - 818 Kiwanis Way			PHONE NUMBER	
CITY/TOWN	PROV.	POSTAL CODE	EMAIL (IF AVAILABLE)	
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)				
FINANCIAL AGENT'S FULL NAME				
FINANCIAL AGENT'S MAILING ADDRESS			PHONE NUMBER	
CITY/TOWN	PROV.	POSTAL CODE	EMAIL (IF AVAILABLE)	