

# DISCLOSURE STATEMENT COVER PAGE LOCAL ELECTIONS CANDIDATE

**4300** (22/02)

| GENERAL VOTING DAY (YYYY/MM/DD) 2022/10/15  CANDIDATES FULL NAME  CANDIDATES MAILING ADDRESS  219 PHONE NUMBER 250 938 3722  CITY/TOWN  PROV. POSTAL CODE EMAIL (IF AVAILABLE)  BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)  LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF DIFFERENT)  TICK If candidate is their own financial agent  FINANCIAL AGENT'S FULL NAME (IF NOT ACTING AS OWN)  FINANCIAL AGENT'S MAILING ADDRESS  CITY/TOWN  PROV. POSTAL CODE EMAIL (IF AVAILABLE)  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, activity may fire this form only. If any of the conditions, donations, gifts, loans, funds from previous elections, transfers, etc.  No expenses, including signs reused from previous elections, campaign account fees, etc.  Did not change financial agents during this election.  |   |                 |                           | Amendment #                          |       |
|--|---|-----------------|---------------------------|--------------------------------------|-------|
| CANDIDATE'S MAILING ADDRESS  2193 PAPIC AVENUE  CITY/TOWN  PROV. POSTAL CODE  ELECTION AREA  PROV. POSTAL CODE  ELECTION AREA  PROV. POSTAL CODE  ELECTION AREA  TICK If candidate is their own financial agent  FINANCIAL AGENT'S FULL NAME (IF NOT ACTING AS OWN)  FINANCIAL AGENT'S FULL NAME (IF NOT ACTING AS OWN)  FINANCIAL AGENT'S MAILING ADDRESS  CITY/TOWN  PROV. POSTAL CODE  EMAIL (IF AVAILABLE)   ZERO CAMPAIGN ACTIVITY  Candidates with zero campaign activity may file this form only. If any of the conditions are not met, file other form applicable to the campaign.  1. No income or deposits, including funds from the candidate, contributions, donations, gifts, loans, funds from previous elections, transfers, dot from previous elections, transfers, dot from previous elections, transfers, dot from previous elections, campaign account fees, etc.  4. Did not change financial agents during this election.   |   |                 |                           | ,                                    |       |
| CANDIDATE'S MAILING ADDRESS  2193 PAPIC AVENUE  CITY/TOWN  LUMBY  PROV. POSTAL CODE  EMAIL (IF AVAILABLE)  BOL OFFICE SOUGHT  OFFICE SOUGHT  FINANCIAL AGENT'S FULL NAME (IF NOT ACTING AS OWN)  FINANCIAL AGENT'S MAILING ADDRESS  CITY/TOWN  PROV. POSTAL CODE  EMAIL (IF AVAILABLE)  Tick if candidate was also a third party sponsor  FINANCIAL AGENT'S MAILING ADDRESS  PHONE NUMBER  CITY/TOWN  PROV. POSTAL CODE  EMAIL (IF AVAILABLE)  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.  1. No income or deposits, including funds from the candidate, contributions, donations, gifts, loans, funds from previous elections, transfers, etc.  2. No expenses, including signs reused from previous elections, campaign account fees, etc.  4. Did not change financial agents during this election.   | CANDIDATE'S FULL NAME   |                 | BALLOT NAME (IF DIFFE     | ERENT)                               |       |
| CANDIDATE'S MAILING ADDRESS  2193 PARIC AVENUE  DITY/TOWN  PROV. POSTAL CODE  BRAIL (IF AVAILABLE)  DOFFICE SOUGHT  FLECTION PREAD  TOK IF Candidate was also a third party sponsor  FINANCIAL AGENT'S FULL NAME (IF NOT ACTING AS OWN)  FINANCIAL AGENT'S MAILING ADDRESS  DITY/TOWN  PROV. POSTAL CODE  EMAIL (IF AVAILABLE)  TICK IF Candidate was also a third party sponsor  FINANCIAL AGENT'S MAILING ADDRESS  PHONE NUMBER  DITY/TOWN  PROV. POSTAL CODE  EMAIL (IF AVAILABLE)  TICK IF candidate was also a third party sponsor  FINANCIAL AGENT'S MAILING ADDRESS  PHONE NUMBER  DITY/TOWN  PROV. POSTAL CODE  EMAIL (IF AVAILABLE)  TICK IF candidate was also a third party sponsor  FINANCIAL AGENT'S MAILING ADDRESS  PHONE NUMBER  DITY/TOWN  PROV. POSTAL CODE  TICK IF CANDIDATE OF APPOINTMENT (YYYY/MM/DD)  TICK IF 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 change financial agents during this election. | GENETTE ACTON   |                 | (,, 2,, ,                 |                                      |       |
| 250 938 3772  CITY/TOWN  LUMBY  PROV. POSTAL CODE BRAIL (IF AVAILABLE) BC VOE 2GO GACCTONDSTAIL - COM  OFFICE SOUGHT  SD22 VEENEN SCHOOL DIST. BARD OF EDUCATION. TRUSTEE  ELECTION AREA  TRUSTEE ELECTION PREA 3.  BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)  LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF DIFFERENT)  Tick if candidate is their own financial agent  FINANCIAL AGENT'S FULL NAME (IF NOT ACTING AS OWN)  FINANCIAL AGENT'S MAILING ADDRESS  PHONE NUMBER  CITY/TOWN  PROV. POSTAL CODE  EMAIL (IF AVAILABLE)   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.  1. No income or deposits, including funds from the candidate, contributions, donations, gifts, loans, funds from previous elections, transfers, etc.  2. No expenses, including signs reused from previous elections, campaign account fees, etc.  3. Did not thave a campaign account.  4. Did not change financial agents during this election.  |   |                 | PHONE NUMBER              |                                      |       |
| JURISDICTION  JURISDICTION  SD 22 VCENCY SCHOOL DIST BARD OF EDUCATION: TRUSTED  ELECTION AREA  TOUSTEE ELECTION PREA 3.  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)   EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)  FINANCIAL AGENT'S MAILING ADDRESS   PHONE NUMBER  CITY/TOWN   PROV.   POSTAL CODE   EMAIL (IF AVAILABLE)  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.  1. No income or deposits, including funds from the candidate, contributions, donations, gifts, loans, funds from previous elections, transfers, etc.  2. No expenses, including signs reused from previous elections, campaign account fees, etc.  3. Did not have a campaign account.  4. Did not change financial agents during this election.   |   |                 | 250 938                   | 3722                                 |       |
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| 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                |       |
| 2. No expenses, including signs reused from previous elections, campaign account fees, etc. 3. Did not have a campaign account. 4. Did not change financial agents during this election.   | No income or deposits, including funds from the candidate, contribution from previous elections transfers, etc.   | tions, donation | ons, gifts, loans, funds  |                                      |       |
| Did not have a campaign account.     Did not change financial agents during this election.   | 2. No expenses, including signs reused from previous elections, campa   | aign account    | fees, etc.                | p angle state of                     |       |
|  | 3. Did not have a campaign account.   | ang., account   | 1000, 010.                |                                      |       |
| NOTE - ENDOPSED CANDIDATES MUST ALSO INCLUDE A CORV OF THEIR CANDIDATES MUST ALSO INCLUDE A  | 4. Did not change financial agents during this election.  |                 |                           |                                      |       |
| NOTE - ENDORSED CANDIDATES MUST ALSO INCLUDE A COPY OF THEIR CAMPAIGN FINANCING ARRANGEMENT.   | NOTE - ENDORSED CANDIDATES MUST ALSO INCLUDE  | A COPY C        | F THEIR CAMPAIGI          | N FINANCING ARRANGEMENT.             |       |
| DECLARATION:   | 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.  | I, the undersigned, declare that to the best of my knowledge and belief, this   | s disclosure    | statement completely and  | accurately discloses the information |       |
| SIGNATURE OF GAMPIDATE   |   |                 |                           |                                      |       |
| SIGNATURE OF CANDIDATE  SIGNATURE OF FINANCIAL AGENT   | SIGNAL OF CANDIDATE   | SIGNATUR        | RE OF FINANCIAL AGENT     |                                      |       |
| DATE (YYYY/MM/DD)  2022   11   2C+   |   | DATE (YYY       | (Y/MM/DD)                 |                                      |       |
| WARNING: Signing a false declaration is a serious offence and is subject to significant penalties.   |   | to significant  | · nenalties               |                                      |       |

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



### CAMPAIGN FINANCING SUMMARY LOCAL ELECTIONS CANDIDATE

**4301** (22/04)

| NAME OF   | CANDIDATE   |
|-----------|---|
|           |   |
| INCOME    |   |
|           | Value of campaign contributions from all sources (box <b>A</b> , Form 4302)               |
|           | Amount of all permissible loans received (box <b>B</b> , Form 4304)                       |
|           | Other income and transfers received (box <b>A</b> , Form 4305)                            |
|           | TOTAL INCOME (sum of above boxes)   |
| EXPENS    | ES  |
|           | Election period expenses (box <b>A</b> , Form 4307)                                       |
|           | Campaign period expenses (box <b>B</b> , Form 4307)                                       |
|           | Election period expenses not subject to limits (box <b>D</b> , Form 4307)                 |
|           | Campaign period expenses not subject to limits (box <b>E</b> , Form 4307)                 |
|           | Other expenses and transfers given (box <b>A</b> , Form 4309)                             |
| E         | salance remaining in campaign account(s) after payment of all expenses (box A, Form 4311) |
|           | TOTAL EXPENSES (sum of above boxes)   |
|           |   |
| Campaigr  | Account(s)  |
| NAME OF S | AVINGS INSTITUTION  |
| ADDRESS   |   |
| NAME OF S | AVINGS INSTITUTION  |
| ADDRESS   |   |
|           |   |



# SUMMARY OF CAMPAIGN CONTRIBUTIONS LOCAL ELECTIONS CANDIDATE

**4302** (22/03)

| Campaign contributions include monetary and in<br>Campaign contributions from the candidate muse<br>Oo not include anonymous contributions with co | st be repor  | ted in the same way as contributions from c                      | other sources. |               |
|--|--------------|--|----------------|---------------|
| Number of contributors who gave less than \$100  | #            | Total contributions of less than \$100                           | \$             |               |
| Number of anonymous contributors   | #            | Anonymous contributions  | \$             |               |
| Total valu   | ue of contri | butions of \$100 or more (box <b>A</b> , Form 4303)              | \$             |               |
| lotal valu   | ue ot contri | butions of \$100 or more (box A, Form 4303)  TOTAL CONTRIBUTIONS | \$             | Total Control |



### CAMPAIGN CONTRIBUTIONS WITH A TOTAL VALUE OF \$100 OR MORE

**4303** (22/03)

| LOCAL ELECTIONS | CANDIDATE |  |
|-----------------|-----------|--|
|-----------------|-----------|--|

| IAME OF CANDIDATE                  |         |  |       |             |                            |              | PAGE                        |
|------------------------------------|---------|--|-------|-------------|----------------------------|--------------|-----------------------------|
| ach additional forms if necessary. |         |  |       |             |                            |              | OF                          |
| FULL NAME OF CONTRIBUTOR           |         | TOR'S RESIDENTIAL ADDRESS                                |       |             | DATE                       | CONTRIBUTION | TOTAL OF                    |
|                                    | ADDRESS | CITY   | PROV. | POSTAL CODE | RECEIVED<br>(YYYY/MM/DD)   | AMOUNT       | CONTRIBUTOR<br>CONTRIBUTION |
|                                    |         |  |       |             |                            |              |                             |
|                                    |         |  |       |             |                            |              |                             |
|                                    |         |  |       |             |                            | · ·          |                             |
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|                                    |         |  |       |             |                            |              |                             |
|                                    |         |  |       |             |                            |              |                             |
|                                    |         |  |       |             |                            |              |                             |
|                                    |         |  |       |             |                            |              |                             |
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|                                    |         | ,  |       |             |                            |              |                             |
|                                    |         |  |       |             |                            |              |                             |
|                                    |         |  |       |             |                            |              |                             |
|                                    |         | N. A. C. C. C. A. C. |       |             | UDTOTAL OF                 |              |                             |
|                                    |         |  |       | 3           | UBTOTAL OF<br>THIS PAGE    |              |                             |
|                                    |         |  |       | TOTAL CON   | TRIBUTIONS                 |              |                             |
|                                    |         |  |       | FROM ALL F  | TRIBUTIONS<br>FORM(S) 4303 | A            |                             |



### PERMISSIBLE LOANS RECEIVED LOCAL ELECTIONS CANDIDATE

4304 (22/02)

|  |   |  | F |
|--|---|--|---|
| Complete one entry for each permis<br>Permissible loans from the candida   | ssible loan received. Attach additional fo<br>te must be disclosed in the same way as | rms if necessary.<br>s permissible loans from other sources. |   |
| LOAN !   |   |  |   |
| NAME OF LENDER   |   |  |   |
| RESIDENTIAL ADDRESS OF LENDER (IF INDI   | VIDUAL)   |  |   |
| OAN DETAILS  |   |  |   |
| DATE RECEIVED (YYYY/MM/DD)   | DATE DUE (YYYY/MM/DD)   | \$ ORIGINAL AMOUNT OF LOAN                                   |   |
| \$ AMOUNT OF LOAN OUTSTANDING  | LOAN INTEREST RATE %  | PRIME RATE* %  |   |
|  |   |  |   |
|  | 309.  |  |   |
| OAN  | 309.  |  |   |
| OAN NAME OF LENDER   |   |  |   |
| OAN  NAME OF LENDER  RESIDENTIAL ADDRESS OF LENDER (IF INDIV   |   |  |   |
| OAN  NAME OF LENDER  RESIDENTIAL ADDRESS OF LENDER (IF INDIV   |   | \$ ORIGINAL AMOUNT OF LOAN                                   |   |
| OAN  NAME OF LENDER  RESIDENTIAL ADDRESS OF LENDER (IF INDIV  OAN DETAILS  DATE RECEIVED (YYYY/MM/DD)  | /IDUAL)   | \$ ORIGINAL AMOUNT OF LOAN  PRIME RATE* %                    |   |
| Report all loan payments on Form 4  LOAN  NAME OF LENDER  RESIDENTIAL ADDRESS OF LENDER (IF INDIV.  LOAN DETAILS  DATE RECEIVED (YYYY/MM/DD)  \$ AMOUNT OF LOAN OUTSTANDING  Report all loan payments on Form 43 | DATE DUE (YYYY/MM/DD)  LOAN INTEREST RATE %   |  |   |

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    |  |        | PAGE OF |
|----------------------|--|--------|---------|
| Report all transfers | received and income that are not campaign contributions or loans on this form. |        |         |
| DATE<br>(YYYY/MM/DD) | DESCRIPTION  | \$ AMC | DUNT    |
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|                      |  |        |         |
|                      | TOTAL  |        | А       |



### PROHIBITED CAMPAIGN CONTRIBUTIONS AND LOANS

#### LOCAL ELECTIONS CANDIDATE

**4306** (22/02)

| NAME OF CANDIDATE                               |                                  |                      |                                  |               | PAGE   |
|---|----------------------------------|----------------------|----------------------------------|---------------|--|
| Complete one entry for each prohib              | oited campaign contrib           | oution or loan recei | ved. Attach addition:            | al forms if n | oF   |
| PROHIBITED CONTRIBUTION                         |                                  |                      |                                  |               |  |
| RECEIVED FROM INDIVIDUAL ORGANIZATION ANONYMOUS | DATE<br>RECEIVED<br>(YYYY/MM/DD) | \$ VALUE             | DATE<br>RETURNED<br>(YYYY/MM/DD) | OR            | DATE REMITTED TO<br>ELECTIONS BC<br>(YYYY/MM/DD) |
| DESCRIPTION OF HOW THE PROHIBITED               | CONTRIBUTION WAS REC             | EIVED                |                                  |               |  |
| FULL NAME OF INDIVIDUAL OR ORGANIZA             | ATION                            |                      |                                  |               |  |
| ADDRESS OF ORGANIZATION, IF APPLICA             | BLE                              |                      |                                  |               |  |
| DESCRIPTION OF HOW THE PROHIBITED               | LOAN WAS RECEIVED                |                      |                                  |               | DATE<br>RNED TO LENDER<br>YYY/MM/DD)             |
| NAME OF LENDER                                  |                                  |                      |                                  |               |  |
| DATE RECEIVED (YYYY/MM/DD)                      | DATE DUE (YYYY                   | '/MM/DD)             | \$ ORIGINAL A                    | MOUNT OF LO   | DAN  |
| LOAN INTEREST RATE %                            |                                  | PRIME RATE*          | %                                |               |  |

\*PRIME RATE OF INTEREST:

REQUIRED FOR LOANS FROM SAVINGS INSTITUTIONS – AVAILABLE ON ELECTIONS BC WEBSITE



### **SUMMARY OF ELECTION EXPENSES**

4307 (22/03)

LOCAL ELECTIONS CANDIDATE

| NAME OF CANDIDATE   |                             |                             |
|---|-----------------------------|-----------------------------|
| Election Period Expenses - Report the value of all goods and services use Campaign Period Expenses - Report the value of all goods and services us If goods and services were used in both periods, report the full amount us | sed in the campaign peri    | od.<br>, campaign signs).   |
| ADVERTISING   | ELECTION PERIOD<br>EXPENSES | CAMPAIGN PERIOD<br>EXPENSES |
| Commercial canvassing in person, by telephone, or over the internet   |                             | EXI ENGLO                   |
| Newspapers and periodicals  | ,                           |                             |
| Promotional materials, including newsletters, brochures, buttons and novelty items  |                             |                             |
| 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  |                             |                             |
| 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  | Α                           | В                           |
| CAMPAIGN PE   | ERIOD EXPENSE LIMIT         | [ 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  | D                           | E                           |
|   |                             |                             |



# SHARED ELECTION EXPENSES LOCAL ELECTIONS CANDIDATE

|  |                                 |                      |                   | OF             |
|--|---------------------------------|----------------------|-------------------|----------------|
| port the total value of all shared election expense<br>th unique group of candidates that shared electio<br>ach additional forms if necessary. | s in the applica<br>n expenses. | able column for each | period. Use a sep | arate form for |
|  | ELECTION                        | ON PERIOD            | CAMPAIC           | ON PERIOD      |
| Total value of shared election expenses  |                                 |                      |                   |                |
| Candidate's portion of shared election expenses  |                                 |                      |                   |                |
| Amount paid to supplier(s) (if applicable)   |                                 |                      |                   |                |
| vide the full names of other candidates the election er received from other candidates for their portion                                       | n or paid to oth                | ON PERIOD            | ur portion.       | N PERIOD       |
| FULL NAME(S) OF OTHER CANDIDATE(S)   | \$ Paid                         | \$ Received          | Amount of re      | eimbursement   |
|  | ψFalu                           | \$ Received          | \$ Paid           | \$ Received    |
|  | ψFalu                           | \$ Received          | \$ Palu           | \$ Received    |
|  | ψFalu                           | \$ Received          | \$ Palu           | \$ Receive     |
|  | ψFalu                           | \$ Received          | \$ Palu           | \$ Received    |
|  | ψFalu                           | \$ Received          | \$ Paid           | \$ Received    |
|  | ψ F diu                         | \$ Received          | a raid            | \$ Received    |



### OTHER EXPENSES AND TRANSFERS GIVEN

**4309** (22/03)

#### **LOCAL ELECTIONS CANDIDATE**

| NAME OF CANDIDATE                   |  |       | PAGE      |   |
|-------------------------------------|--|-------|-----------|---|
| Report all transfers given and expe | enses that are not election expenses on this form. |       |           |   |
| DATE<br>(YYYY/MM/DD)                | DESCRIPTION  |       | \$ AMOUNT |   |
|                                     |  |       |           |   |
|                                     |  |       | 1-        |   |
|                                     |  |       |           |   |
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|                                     |  |       |           |   |
|                                     |  |       |           |   |
|                                     |  | TOTAL |           | Α |



# FUNDRAISING FUNCTION LOCAL ELECTIONS CANDIDATE

|   |   |            |                            |                      |                                     | PAGE OF                                |
|---|---|------------|----------------------------|----------------------|-------------------------------------|--|
| Complete a separate form for each function.   |   |            |                            |                      |                                     |  |
| DATE OF FUNCTION (YYYY/MM/DD) DESCRIPTION OF  | FUNDRAISING FUNC                          | CTION      | (IF JOINT FUNCTIO          | N, LIST              | OTHER CANDIDAT                      | E(S))                                  |
| A – FUNDRAISING INCOME REPORTED AS All income reported as campaign contributions mu   |   |            |                            | d, if a <sub>l</sub> | oplicable, Form                     | 4303.                                  |
| TICKET SALES (includes function entry fees)   | NUMBER OF<br>TICKETS SOLD<br>#            |            | CHARGE<br>PER TICKET<br>\$ |                      | TOTAL<br>CHARGES<br>COLLECTED<br>\$ | TICK IF<br>CHARGE PER<br>TICKET VARIES |
| Purchases by eligible individuals of more than \$50 worth of tickets  |   | x          |                            | =                    |                                     |  |
| Number of eligible individuals that purchased tickets   |   |            |                            |                      |                                     |  |
| (i.e., goods and services that are donated for the funct DESCRIPTION  B - FUNDRAISING INCOME NOT REPORTE All income not reported as campaign contributions in   | D AS CAMPAIG                              | en c       | ONTRIBUTIO                 |                      | s VALUE                             |  |
| TICKET SALES (includes function entry fees)   |   |            |                            |                      |                                     |  |
| TIONET SALES (Includes function entry lees)   | NUMBER OF<br>TICKETS SOLD                 |            | CHARGE<br>PER TICKET       |                      | TOTAL<br>CHARGES<br>COLLECTED       | TICK IF<br>CHARGE PER<br>TICKET VARIES |
| Purchases by eligible individuals of \$50 or less worth of tickets  |   | <b>x</b> [ |                            | = [                  | CHARGES                             | CHARGE PER                             |
| Purchases by eligible individuals   | TICKETS SOLD                              | x [        | PER TICKET                 | = [                  | CHARGES<br>COLLECTED                | CHARGE PER                             |
| Purchases by eligible individuals of \$50 or less worth of tickets  Number of eligible individuals that purchased tickets  OTHER INCOME NOT REPORTED AS CAMPAIGN (i.e., goods and services sold at the function for their m | TICKETS SOLD  #  CONTRIBUTION             | NS         | PER TICKET                 | = [                  | CHARGES<br>COLLECTED<br>\$          | CHARGE PER                             |
| Purchases by eligible individuals of \$50 or less worth of tickets  Number of eligible individuals that purchased tickets  OTHER INCOME NOT REPORTED AS CAMPAIGN  | TICKETS SOLD  #  CONTRIBUTION             | NS         | PER TICKET                 | = [                  | CHARGES<br>COLLECTED                | CHARGE PER                             |
| Purchases by eligible individuals of \$50 or less worth of tickets  Number of eligible individuals that purchased tickets  OTHER INCOME NOT REPORTED AS CAMPAIGN (i.e., goods and services sold at the function for their m | TICKETS SOLD  #  CONTRIBUTION             | NS         | PER TICKET                 | = [                  | CHARGES<br>COLLECTED<br>\$          | CHARGE PER                             |
| Purchases by eligible individuals of \$50 or less worth of tickets  Number of eligible individuals that purchased tickets  OTHER INCOME NOT REPORTED AS CAMPAIGN (i.e., goods and services sold at the function for their m | #  #  I CONTRIBUTION parket value or less | NS<br>;)   | PER TICKET \$              |                      | CHARGES<br>COLLECTED<br>\$          | CHARGE PER                             |



# DISBURSEMENT OF SURPLUS FUNDS LOCAL ELECTIONS CANDIDATE

|              |   | penses   |  |  |  |  |  |  |
|--------------|---|--|--|--|--|--|--|--|
|              |   | Total amount   | of campaign contributions from can   | didate   |  |  |  |  |
| \            | 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<br>(YYYY/MM/DD)   | \$ AMOUNT  |  |  |  |  |  |
|              |   |  |  |  |  |  |  |  |
|              | nas been paid back (if  | ng in the campaign account(s) is applicable), the funds must be p  | solu or more after payment of all  | expenses, and the candidate                                      |  |  |  |  |
| ť            | he payment below. Ìf  | DATE (YYYY/MM/DD)  | paign account(s) is less than \$50   | candidate ran for election. En<br>00 skip this section and go to |  |  |  |  |
| If c         | f the amount remaining andidate has been palisbursement below, in   | DATE (YYYY/MM/DD)  g in the campaign account(s) is I id back (if applicable), the funds account a description of how the | \$ AMOUNT  \$ SAMOUNT  ess than \$500 after the payment must be disbursed as directed by funds were disbursed. | of all expenses, and the y the candidate. Enter this             |  |  |  |  |
| lf c         | f the amount remaining andidate has been palisbursement below, in   | DATE (YYYY/MM/DD)  g in the campaign account(s) is lid back (if applicable), the funds                                   | \$ AMOUNT  \$ SAMOUNT  ess than \$500 after the payment must be disbursed as directed by funds were disbursed. | 00 skip this section and go to                                   |  |  |  |  |
| t<br>If<br>c | f the amount remaining andidate has been palisbursement below, in   | DATE (YYYY/MM/DD)  g in the campaign account(s) is I id back (if applicable), the funds account a description of how the | \$ AMOUNT  \$ SAMOUNT  ess than \$500 after the payment must be disbursed as directed by funds were disbursed. | of all expenses, and the y the candidate. Enter this             |  |  |  |  |



# FORMER FINANCIAL AGENTS LOCAL ELECTIONS CANDIDATE

| NAME OF CANDIDATE   |            |          |           |  |
|---|------------|----------|-----------|--|
| FORMER FINANCIAL AGENTS Enter the information below for any former file previous elections, or the name of the candid | nancial ag | ents du  | ring this | s election. Do not enter financial agent information from<br>ed as their own financial agent |
| 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)   |
| 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)   |