

Amendment # _____

GENERAL VOTING DAY (YYYY/MM/DD) 2022/10/15			
CANDIDATE'S FULL NAME Leslie Franklin Thomson		BALLOT NAME (IF DIFFERENT) Leslie Franklin Thomson	
CANDIDATE'S MAILING ADDRESS P.O.Box 1603		PHONE NUMBER 6049897380	
CITY/TOWN Gibsons	PROV. BC	POSTAL CODE V0N1V0	EMAIL (IF AVAILABLE) lesliethomsonformayor@gmail.com
JURISDICTION Gibsons		OFFICE SOUGHT Mayor	
ELECTION AREA Gibsons			
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)			
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF DIFFERENT)			
<input checked="" type="checkbox"/> Tick if candidate is their own financial agent		<input type="checkbox"/> 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.			<input type="checkbox"/> Tick if candidate had zero campaign activity
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.			
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 <i>Local Elections Campaign Financing Act</i> .			
SIGNATURE OF CANDIDATE 		SIGNATURE OF FINANCIAL AGENT	
DATE (YYYY/MM/DD) 2023/01/10		DATE (YYYY/MM/DD)	
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
Leslie Franklin Thomson

INCOME

Value of campaign contributions from all sources (box A, Form 4302)	1551.51
Amount of all permissible loans received (box B, Form 4304)	0
Other income and transfers received (box A, Form 4305)	20
TOTAL INCOME (sum of above boxes)	1571.51

EXPENSES

Election period expenses (box A, Form 4307)	1571.51
Campaign period expenses (box B, Form 4307)	0
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)	0
Balance remaining in campaign account(s) after payment of all expenses (box A, Form 4311)	0
TOTAL EXPENSES (sum of above boxes)	1571.51

Campaign Account(s)

NAME OF SAVINGS INSTITUTION
CIBC

ADDRESS
900 Gibsons Way Gibsons BC V0N1V4

NAME OF SAVINGS INSTITUTION

ADDRESS

SUMMARY OF CAMPAIGN CONTRIBUTIONS
LOCAL ELECTIONS CANDIDATE

NAME OF CANDIDATE
Leslie Franklin Thomson

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	#	<input type="text" value="0"/>	Total contributions of less than \$100	\$	<input type="text" value="0"/>
Number of anonymous contributors	#	<input type="text" value="0"/>	Anonymous contributions	\$	<input type="text" value="0"/>
Total value of contributions of \$100 or more (box A, Form 4303)			\$	<input type="text" value="1571.51"/>	
TOTAL CONTRIBUTIONS			\$	<input type="text" value="1571.51"/>	A

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

NAME OF CANDIDATE Leslie Franklin Thomson	PAGE <input style="width: 20px;" type="text" value="01"/> OF <input style="width: 20px;" type="text" value="01"/>
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			
William Baker	[REDACTED]				2022/09/19	300	1
Andrew Press/Leslie Thomson	[REDACTED]				2022/10/11	1248.65	1
SUBTOTAL OF THIS PAGE						1548.65	
TOTAL CONTRIBUTIONS FROM ALL FORM(S) 4303						1548.65	A

PERMISSIBLE LOANS RECEIVED
LOCAL ELECTIONS CANDIDATE

NAME OF CANDIDATE <i>Leslie Franklin Thomson</i>	PAGE: 01 OF: 01
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			
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.			

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)	0	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
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NAME OF CANDIDATE <i>Leslie Franklin Thomson</i>	PAGE <input type="text" value="01"/> OF <input type="text" value="01"/>
Report all transfers received and income that are not campaign contributions or loans on this form.	

DATE (YYYY/MM/DD)	DESCRIPTION	\$ AMOUNT
2022/09/16	Balance of account transfer	20.00
2022/10/18	Balance Of account transfer	2.86
TOTAL		22.86
		A

NAME OF CANDIDATE <i>Leslie Franklin Thomson</i>	PAGE <input type="text" value="01"/> OF <input type="text" value="01"/>
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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		0			
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

LESLIE FRANKLIN THOMSON

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		1248.65	
Promotional materials, including newsletters, brochures, buttons and novelty items			
Radio			
Search engine marketing and optimization			
Signs		300	
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		1548.65	A
			B
			C
ELECTION EXPENSES NOT SUBJECT TO LIMITS			
Personal election expenses		444	
Financial agent services			
Legal and accounting services			
Interest on loans for election expenses			
TOTAL EXPENSES NOT SUBJECT TO LIMITS		444	D
			E

SHARED ELECTION EXPENSES
LOCAL ELECTIONS CANDIDATE

NAME OF CANDIDATE
LESLIE BRANKIN THOMSON

PAGE
OF

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 type="text" value="0"/>	<input type="text" value="0"/>
Candidate's portion of shared election expenses	<input type="text" value="0"/>	<input type="text" value="0"/>
Amount paid to supplier(s) (if applicable)	<input type="text" value="0"/>	<input type="text" value="0"/>

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
	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

OTHER EXPENSES AND TRANSFERS GIVEN
LOCAL ELECTIONS CANDIDATE

NAME OF CANDIDATE <i>Leslie Franklin Thomson</i>	PAGE 01 OF 01
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Report all transfers given and expenses that are not election expenses on this form.

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

NAME OF CANDIDATE
LESLIE FRANKLIN THOMSON

PAGE 01
OF 01

Complete a separate form for each function.

DATE OF FUNCTION (YYYY/MM/DD) DESCRIPTION OF FUNDRAISING FUNCTION (IF JOINT FUNCTION, LIST OTHER CANDIDATE(S))

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
	#		\$		\$	✓
Purchases by eligible individuals of more than \$50 worth of tickets	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>	<input type="checkbox"/>
Number of eligible individuals that purchased tickets	<input type="text"/>					

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

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
	#		\$		\$	✓
Purchases by eligible individuals of \$50 or less worth of tickets	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>	<input type="checkbox"/>
Number of eligible individuals that purchased tickets	<input type="text"/>					

OTHER INCOME NOT REPORTED AS CAMPAIGN CONTRIBUTIONS

(i.e., goods and services sold at the function for their market value or less)

DESCRIPTION	\$ VALUE
	0

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
0

NAME OF CANDIDATE <i>Leslie Franklin Thomson</i>

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				
<i>N/A</i>				
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)	