

Amendment # _____

GENERAL VOTING DAY (YYYY/MM/DD) 2022/10/15			
CANDIDATE'S FULL NAME CHERYL YH CHANG		BALLOT NAME (IF DIFFERENT)	
CANDIDATE'S MAILING ADDRESS 6392 HIGSS CRESC.		PHONE NUMBER 604-376-8037	
CITY/TOWN SECHELT	PROV. BC	POSTAL CODE V7Z 0N9	EMAIL (IF AVAILABLE) C.CHERYL.C@GMAIL.COM
JURISDICTION SECHELT		OFFICE SOUGHT COUNCILLOR	
ELECTION AREA SECHELT			
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)			
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF DIFFERENT)			
<input 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) JENNIFER BILTEK		EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)	
FINANCIAL AGENT'S MAILING ADDRESS 5169 CHAPMAN RD		PHONE NUMBER 778-987-8554	
CITY/TOWN SECHELT	PROV. BC	POSTAL CODE V7Z 0B7	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 <i>Cheryl Chang</i>		SIGNATURE OF FINANCIAL AGENT <i>Jeanne Butak</i>	
DATE (YYYY/MM/DD) 2023/01/04		DATE (YYYY/MM/DD) 2023/01/04	
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 CHERYL YH CHANG

INCOME	
Value of campaign contributions from all sources (box A , Form 4302)	<input style="width: 100%;" type="text" value="250.00"/>
Amount of all permissible loans received (box B , Form 4304)	<input style="width: 100%;" type="text" value="0.00"/>
Other income and transfers received (box A , Form 4305)	<input style="width: 100%;" type="text" value="0.00"/>
TOTAL INCOME (sum of above boxes)	<input style="width: 100%;" type="text" value="250.00"/>
 EXPENSES	
Election period expenses (box A , Form 4307)	<input style="width: 100%;" type="text"/>
Campaign period expenses (box B , Form 4307)	<input style="width: 100%;" type="text" value="320.88"/>
Election period expenses not subject to limits (box D , Form 4307)	<input style="width: 100%;" type="text" value="0.00"/>
Campaign period expenses not subject to limits (box E , Form 4307)	<input style="width: 100%;" type="text" value="0.00"/>
Other expenses and transfers given (box A , Form 4309)	<input style="width: 100%;" type="text" value="0.00"/>
Balance remaining in campaign account(s) after payment of all expenses (box A , Form 4311)	<input style="width: 100%;" type="text" value="0.00"/>
TOTAL EXPENSES (sum of above boxes)	<input style="width: 100%;" type="text" value="320.88"/>

Campaign Account(s)	
NAME OF SAVINGS INSTITUTION	SUNSHINE COAST CREDIT UNION
ADDRESS	5655 Teredo St, Sechelt, BC V0N 3A0
NAME OF SAVINGS INSTITUTION	
ADDRESS	

SUMMARY OF CAMPAIGN CONTRIBUTIONS
LOCAL ELECTIONS CANDIDATE

NAME OF CANDIDATE
CHERYL YH CHANG

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	\$	0.00
Number of anonymous contributors	#	0	Anonymous contributions	\$	0.00
Total value of contributions of \$100 or more (box A, Form 4303)				\$	250.00
TOTAL CONTRIBUTIONS				\$	250.00
					A

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

NAME OF CANDIDATE
CHERYL YH CHANG

PAGE
OF

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 Biltek & Margaret Kirwan					2022/10/15	250.00	250.00
SUBTOTAL OF THIS PAGE						250.00	
TOTAL CONTRIBUTIONS FROM ALL FORM(S) 4303						250.00	A

SUMMARY OF ELECTION EXPENSES
LOCAL ELECTIONS CANDIDATE

NAME OF CANDIDATE
CHERYL YH CHANG

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		
Promotional materials, including newsletters, brochures, buttons and novelty items		
Radio		
Search engine marketing and optimization		
Signs		
Value of reused signs		
Social media		261.44
Television		
Website displays		59.44
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	A	320.88 B
CAMPAIGN PERIOD EXPENSE LIMIT		5,924.34 C
ELECTION EXPENSES NOT SUBJECT TO LIMITS	ELECTION PERIOD	CAMPAIGN PERIOD
Personal election expenses	0.00	0.00
Financial agent services	0.00	0.00
Legal and accounting services	0.00	0.00
Interest on loans for election expenses	0.00	0.00
TOTAL EXPENSES NOT SUBJECT TO LIMITS	D	E

NAME OF CANDIDATE CHERYL YH CHANG

Balance remaining in campaign account(s) after payment of all expenses	0.00	A
Total amount of campaign contributions from candidate	130.32	

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

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

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

NAME OF CANDIDATE CHERYL YH CHANG

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)				
2022/09/09				
FINANCIAL AGENT'S FULL NAME				
JENNIFER ALEXIS BILTEK				
FINANCIAL AGENT'S MAILING ADDRESS			PHONE NUMBER	
5169 CHAPMAN RD			778-987-8554	
CITY/TOWN	PROV.	POSTAL CODE	EMAIL (IF AVAILABLE)	
SECHLT	BC	V7Z 0B7	INFO@JENNIEALEXIS.COM	
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)	