



DISCLOSURE STATEMENT COVER PAGE

LOCAL ELECTIONS CANDIDATE

4300
(22/02)

Amendment # _____

			GENERAL VOTING DAY (YYYY/MM/DD) 2022/10/15		
CANDIDATE'S FULL NAME Erica L McLean			BALLOT NAME (IF DIFFERENT)		
CANDIDATE'S MAILING ADDRESS 10920 Mawraeh Dr.			PHONE NUMBER 250 613 9075		
CITY/TOWN Prince George	PROV. BC	POSTAL CODE V2W 1S87	EMAIL (IF AVAILABLE) mcleanenorth@gmail.com		
JURISDICTION SD 57 Prince George			OFFICE BOUGHT Board of Educ. Trustees		
ELECTION AREA Trustee election area 1					
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)		
<p>ZERO CAMPAIGN ACTIVITY</p> <p>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.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> <ol style="list-style-type: none"> 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. </div> <div style="width: 25%; text-align: right;"> <input type="checkbox"/> Tick if candidate had zero campaign activity </div> </div>					
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) 2022/12/30			DATE (YYYY/MM/DD) 2022/12/30		
WARNING: Signing a false declaration is a serious offence and is subject to significant penalties.					

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

All forms included in this report are available for public inspection.
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 and enforce the Local Elections Campaign Financing Act. Questions can be directed to: Chief Electoral Officer, Elections BC, 1400, 14th Street, Victoria, BC V8W 2L5. Phone: 250-613-9075. Fax: 250-613-9076. Email: electoral_reports@elections.bc.ca or info@elections.bc.ca



CAMPAIGN FINANCING SUMMARY

LOCAL ELECTIONS CANDIDATE

4301
(22/04)

NAME OF CANDIDATE	Erica McLean
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INCOME	
Value of campaign contributions from all sources (box A, Form 4302)	1006.98
Amount of all permissible loans received (box B, Form 4304)	
Other income and transfers received (box A, Form 4305)	
TOTAL INCOME (sum of above boxes)	1006.91
EXPENSES	
Election period expenses (box A, Form 4307)	
Campaign period expenses (box B, Form 4307)	1006.91
Election period expenses not subject to limits (box D, Form 4307)	
Campaign period expenses not subject to limits (box E, Form 4307)	
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)	1006.91

Campaign Account(s)	
NAME OF SAVINGS INSTITUTION	Integrus Credit Union
ADDRESS	530 Central St. E #101 Prince George, B.C.
NAME OF SAVINGS INSTITUTION	
ADDRESS	

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SUMMARY OF CAMPAIGN CONTRIBUTIONS

LOCAL ELECTIONS CANDIDATE

4302
(22/03)

NAME OF CANDIDATE

Erica McLean

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

Number of anonymous contributors #

0

Anonymous contributions \$

0

Total value of contributions of \$100 or more (box A, Form 4303) \$

/

TOTAL CONTRIBUTIONS \$

0

A



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

4303
(22/03)

NAME OF CANDIDATE: Erica McLean

Attach additional forms if necessary

PAGE: OF:

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			
Erica McLean	[REDACTED]				2022/10/11	400.00	400.00
						Cash deposit	
SUBTOTAL OF THIS PAGE						400.00	
TOTAL CONTRIBUTIONS FROM ALL FORM(S) 4303						400.00	A

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PERMISSIBLE LOANS RECEIVED LOCAL ELECTIONS CANDIDATE

4304
(22/02)

NAME OF CANDIDATE <i>Erica McLean</i>	PAGE <input type="text"/>
	OF <input 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

RESIDENTIAL ADDRESS OF LENDER (IF INDIVIDUAL) *N/A*

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)

<i>0</i>	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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OTHER INCOME AND TRANSFERS RECEIVED LOCAL ELECTIONS CANDIDATE

4305
(22/03)

NAME OF CANDIDATE Erica McLean PAGE OF

Report all transfers received and income that are not campaign contributions or loans on this form.

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

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PROHIBITED CAMPAIGN CONTRIBUTIONS AND LOANS
LOCAL ELECTIONS CANDIDATE

4306
(22/02)

NAME OF CANDIDATE <i>Erica McLean</i>	PAGE _____ OF _____
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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		<i>0</i>		

DESCRIPTION OF HOW THE PROHIBITED CONTRIBUTION WAS RECEIVED
N/A

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)
<i>N/A</i>	

NAME OF LENDER

DATE RECEIVED (YYYY/MM/DD)	DATE DUE (YYYY/MM/DD)	\$ ORIGINAL AMOUNT OF LOAN
		<i>0</i>

LOAN INTEREST RATE %	PRIME RATE* %

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

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SUMMARY OF ELECTION EXPENSES

LOCAL ELECTIONS CANDIDATE

4307
(22/03)

NAME OF CANDIDATE

Erica McLean

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

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

Television

Website displays

ELECTION PERIOD EXPENSES

CAMPAIGN PERIOD EXPENSES

146.35

405.98

14.58

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

40.00

Other expenses (describe)

TOTAL EXPENSES

A

1106.91

B

CAMPAIGN PERIOD EXPENSE LIMIT

1250

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

1106.91

E

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SHARED ELECTION EXPENSES LOCAL ELECTIONS CANDIDATE

4308
(22/02)

NAME OF CANDIDATE

Erica McLean

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

0

Candidate's portion of shared election expenses

Amount paid to supplier(s) (if applicable)

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.

ELECTION PERIOD

CAMPAIGN PERIOD

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



OTHER EXPENSES AND TRANSFERS GIVEN LOCAL ELECTIONS CANDIDATE

4309
(22/03)

NAME OF CANDIDATE Erica McLean	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
		Ø
TOTAL		Ø
		A

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FUNDRAISING FUNCTION

LOCAL ELECTIONS CANDIDATE

431
(22/C)

NAME OF CANDIDATE <div style="font-size: 1.2em; font-family: cursive; margin-left: 100px;">Erica McLean</div>	PAGE <input type="text"/> OF <input type="text"/>
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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
	#	\$	\$	<input type="checkbox"/>
Purchases by eligible individuals of more than \$50 worth of tickets				<input checked="" type="checkbox"/>
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
	0

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 type="checkbox"/>
Purchases by eligible individuals of \$50 or less worth of tickets				<input type="checkbox"/>
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

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



DISBURSEMENT OF SURPLUS FUNDS LOCAL ELECTIONS CANDIDATE

4311
(22/02)

NAME OF CANDIDATE Erica McLean

Balance remaining in campaign account(s) after payment of all expenses 0 A

Total amount of campaign contributions from candidate 1106.91

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
2022/10/21	394.91

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



**FORMER FINANCIAL AGENTS
LOCAL ELECTIONS CANDIDATE**

**4312
(22/02)**

NAME OF CANDIDATE	Erica McLean
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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			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)	

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