

4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

Amendment # _____

CANDIDATE'S FULL NAME ROBIN MORTON STANBRIDGE		GENERAL VOTING DAY (YYYY/MM/DD) 2014 / 11 / 15
BALLOT NAME (IF DIFFERENT FROM ABOVE) ROBIN STANBRIDGE		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) MAYOR
MAILING ADDRESS 239 PORTSMOUTH DR		PHONE NO. 778 350 5666
CITY / TOWN COLWOOD	POSTAL CODE V9C 1R8	EMAIL (IF AVAILABLE)

JURISDICTION
COLWOOD

ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELECTORAL AREA (IF APPLICABLE)

BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)

LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)

FINANCIAL AGENT'S LAST NAME STANBRIDGE	FIRST NAME ROBIN	MIDDLE NAME MORTON
FINANCIAL AGENT'S MAILING ADDRESS AS ABOVE		PHONE NO.
CITY / TOWN	POSTAL CODE	EMAIL (IF AVAILABLE)
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)	If there were previous financial agents, complete form 4236.	

Tick if candidate was registered as a third party sponsor **N/A** Tick if candidate acted as a campaign organizer

This disclosure statement includes the following forms:

Declarations and Campaign Accounts – Form 4221 <input checked="" type="checkbox"/>	Summary of Election Expenses – Form 4229 <input checked="" type="checkbox"/>
Statement of Income and Expenses – Form 4222 <input checked="" type="checkbox"/>	Transfers Given to Elector Organization – Form 4230 <input checked="" type="checkbox"/>
Summary of Campaign Contributions by Class – Form 4223 <input checked="" type="checkbox"/>	Other Permissible Payments – Form 4231 <input checked="" type="checkbox"/>
Significant Contributors (\$100 or more) – Form 4224 <input checked="" type="checkbox"/>	Shared Election Expense – Form 4232 <input checked="" type="checkbox"/>
Prohibited Campaign Contributions – Form 4225 <input checked="" type="checkbox"/>	Transfers Between Candidate's Own Accounts – Form 4233 <input checked="" type="checkbox"/>
Transfers Received from Elector Organization – Form 4226 <input checked="" type="checkbox"/>	Disbursement of Surplus Funds – Form 4234 <input checked="" type="checkbox"/>
Other Permissible Deposits – Form 4227 <input checked="" type="checkbox"/>	Free Advertising from Jurisdiction – Form 4235 <input checked="" type="checkbox"/>
Fundraising Function Ticket Sales – Form 4228 <input checked="" type="checkbox"/>	Previous Financial Agents – Form 4236 <input checked="" type="checkbox"/>

4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT

LOCAL ELECTIONS CANDIDATE



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SEE AMENDMENT

Amendment # _____

CANDIDATE'S FULL NAME ROBIN MORTON STANBRIDGE		GENERAL VOTING DAY (YYYY/MM/DD) 2014 / 11 / 15	
BALLOT NAME (IF DIFFERENT FROM ABOVE) ROBIN STANBRIDGE		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) MAYOR	
MAILING ADDRESS 239 PORTSMOUTH DR		PHONE NO. 778 350 5666	
CITY / TOWN COZWOOD	POSTAL CODE V9C 1R8	EMAIL (IF AVAILABLE)	
JURISDICTION COZWOOD			
ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELECTORAL AREA (IF APPLICABLE)			
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)			
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)			
FINANCIAL AGENT'S LAST NAME STANBRIDGE	FIRST NAME ROBIN	MIDDLE NAME MORTON	
FINANCIAL AGENT'S MAILING ADDRESS AS ABOVE		PHONE NO.	
CITY / TOWN	POSTAL CODE	EMAIL (IF AVAILABLE)	
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)		If there were previous financial agents, complete form 4236.	
<input type="checkbox"/> Tick if candidate was registered as a third party sponsor		<input checked="" type="checkbox"/> Tick if candidate acted as a campaign organizer	
This disclosure statement includes the following forms:			
Declarations and Campaign Accounts – Form 4221	<input checked="" type="checkbox"/>	Summary of Election Expenses – Form 4229	<input checked="" type="checkbox"/>
Statement of Income and Expenses – Form 4222	<input checked="" type="checkbox"/>	Transfers Given to Elector Organization – Form 4230	<input checked="" type="checkbox"/>
Summary of Campaign Contributions by Class – Form 4223	<input checked="" type="checkbox"/>	Other Permissible Payments – Form 4231	<input checked="" type="checkbox"/>
Significant Contributors (\$100 or more) – Form 4224	<input checked="" type="checkbox"/>	Shared Election Expense – Form 4232	<input checked="" type="checkbox"/>
Prohibited Campaign Contributions – Form 4225	<input checked="" type="checkbox"/>	Transfers Between Candidate's Own Accounts – Form 4233	<input checked="" type="checkbox"/>
Transfers Received from Elector Organization – Form 4226	<input checked="" type="checkbox"/>	Disbursement of Surplus Funds – Form 4234	<input checked="" type="checkbox"/>
Other Permissible Deposits – Form 4227	<input checked="" type="checkbox"/>	Free Advertising from Jurisdiction – Form 4235	<input checked="" type="checkbox"/>
Fundraising Function Ticket Sales – Form 4228	<input checked="" type="checkbox"/>	Previous Financial Agents – Form 4236	<input checked="" type="checkbox"/>

4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS
LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE
ROBIN STANBRIDGE

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 (LECFA).

SIGNATURE OF CANDIDATE: Robin Stanbridge
DATE: (YYYY/MM/DD) 2015/01/23
PRINTED NAME OF CANDIDATE: ROBIN MORTON STANBRIDGE

SIGNATURE OF FINANCIAL AGENT: Robin Stanbridge
DATE: (YYYY/MM/DD) 2015/01/23
PRINTED NAME OF FINANCIAL AGENT: ROBIN MORTON STANBRIDGE

Campaign accounts:

NAME OF SAVINGS INSTITUTION: NONE (zero CONTRIBUTIONS)
ADDRESS: _____

NAME OF SAVINGS INSTITUTION: _____
ADDRESS: _____

NAME OF SAVINGS INSTITUTION: _____
ADDRESS: _____

NAME OF SAVINGS INSTITUTION: _____
ADDRESS: _____

4222 - STATEMENT OF INCOME AND EXPENSES
LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE ROBIN MALTON STANBRIDGE

Total value of campaign contributions from all sources (from box C on form 4223)

Transfers received from elector organization (from box A on form 4226)

Total other permissible deposits (from box A on form 4227)

Transfers from candidate's own accounts in other jurisdictions (from box A on form 4233)

Total Income (sum of above boxes) **A**

Election expenses (from box A on form 4229)

Transfers to elector organization (from box A on form 4230)

Total other permissible payments (from box A on form 4231)

Transfers to candidate's own accounts in other jurisdictions (from box B on form 4233)

Amount of surplus funds disbursed (from box A on form 4234)

Total Expenditures (sum of above boxes) **B**

4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE ROBIN MORTON STANBRIDGE

		All Contributions	
	Individuals		
	Corporations		
	Unincorporated Business/Commercial Organizations		
	Trade Unions		
	Non-profit Organizations		
	Other Identifiable Contributors		
	Total	\$	A

Anonymous contributions \$ B

Total contributions (A + B) \$ C

Total significant contributions (must equal box A on all forms 4224) \$

Total contributions of less than \$100 \$

Number of contributors who gave less than \$100 #

Number of anonymous contributors #

4224 - SIGNIFICANT CONTRIBUTORS (\$100 OR MORE)

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE ROBIN MORTON STANBRIDGE

PAGE 1 OF 1

Table with 5 columns: DATE OF CONTRIBUTION (YYYY/MM/DD), FULL NAME OF CONTRIBUTOR (For class 2, 3, 4, 5 & 6, include full names of two directors), ADDRESS OF CONTRIBUTOR (For class 2, 3, 4, 5 & 6 only), CLASS*, VALUE OF CONTRIBUTION. The first row has a circled '0' in the value column.

IF NEEDED, ATTACH ADDITIONAL FORMS
* CLASS OF CONTRIBUTOR:
1 - INDIVIDUAL, 2 - CORPORATION, 3 - UNINCORPORATED BUSINESS/COMMERCIAL ORGANIZATION
4 - TRADE UNION, 5 - NON-PROFIT ORGANIZATION, 6 - OTHER IDENTIFIABLE CONTRIBUTOR

TOTAL CONTRIBUTIONS A 0

4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE ROBIN MORTON STANBRIDGE	PAGE 1 OF 1
INSTRUCTIONS: Complete one sheet for each prohibited campaign contribution received. Attach additional forms if necessary.	

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 checked="" type="checkbox"/> ORGANIZATION <input type="checkbox"/> ANONYMOUS	<i>none</i>				

DESCRIPTION OF HOW THE PROHIBITED CONTRIBUTION WAS RECEIVED

Complete this field if the prohibited campaign contribution was received from an individual:

NAME OF INDIVIDUAL

Complete these fields if the prohibited campaign contribution was received from an organization:

NAME OF ORGANIZATION	CLASS*
MAILING ADDRESS	
NAME OF DIRECTOR	NAME OF DIRECTOR

* CLASSES OF CONTRIBUTORS:
 1 - INDIVIDUAL, 2 - CORPORATION, 3 - UNINCORPORATED BUSINESS/COMMERCIAL ORGANIZATION,
 4 - TRADE UNION, 5 - NON-PROFIT ORGANIZATION, 6 - OTHER

no contributions accepted from a local gardening club, one attempted contribution of \$50 was refused. (by cheque, not accepted) 😊

4228 - FUNDRAISING FUNCTION TICKET SALES

LOCAL ELECTIONS CANDIDATE

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SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD



NAME OF CANDIDATE ROBIN MORTON STANBRIDGE	PAGE <input style="width: 20px;" type="text" value="1"/> OF <input style="width: 20px;" type="text" value="1"/>
DATE OF EVENT (YYYY/MM/DD)	DESCRIPTION OF FUNDRAISING EVENT none

Income reported as campaign contributions

	Number of Tickets Sold	Charge per Ticket	Total Charges Collected	Tick if Charge per Ticket Varies
Purchases by organizations				<input type="checkbox"/>
Purchases by individuals of more than \$250 worth of tickets				<input type="checkbox"/>
Purchases by individuals of tickets that are more than \$50 each				<input type="checkbox"/>
Total income reported as campaign contributions			0	

Remember to report all campaign contributions on form 4223 - Summary of Campaign Contributions by Class, and if applicable, on form 4224 - Significant Contributors (\$100 or more).

Other income not reported as campaign contributions

	Number of Tickets Sold	Charge per Ticket	Total Charges Collected	Tick if Charge per Ticket Varies
Purchases by individuals of tickets of \$50 or less	0	0	0	<input type="checkbox"/>

4229 - SUMMARY OF ELECTION EXPENSES

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE ROBIN MORTON STANBRIDGE

	Column A Election Expenses	Column B Election Proceedings Period Expenses
ADVERTISING		
Brochures, pamphlets and flyers	0	0
Internet	0	0
Newspaper, magazine, journal	0	0
Radio	0	0
Signs and billboards	0	0
Television	0	0
Other advertising	0	0
CAMPAIGN ADMINISTRATION		
Salaries and wages	0	0
Rent, insurance and utilities	0	0
Courier and postage	0	0
Furniture and equipment	0	0
Office supplies	0	0
Professional services	0	0
Other campaign administration expenses	0	0
Conventions and meetings	0	0
Other campaign related functions	0	0
Research and polling	0	0
Interest	0	0
EXCLUSIONS THAT MUST BE REPORTED		
Personal election expenses	0	0
Interest on loans for election expenses	0	0
Legal and accounting services	0	0
Financial agent services	0	0
Other expenses (describe)	0	0
Total Expenses	A 0	B 0

Column A - Report the value of all election expenses for goods and services used in the campaign period. The campaign period is from January 1, 2014 to November 15, 2014.

Column B - Report the value of all election expenses for goods and services used in the election proceedings period. The election proceedings period is from September 30, 2014 to November 15, 2014.

4230 - TRANSFERS GIVEN TO ELECTOR ORGANIZATION

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE

ROBIN MORGTON STANBRIDGE

PAGE 1

OF 1

DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER
	none		0

*Also include legal name if different than ballot name.

TOTAL A

0

4231 - OTHER PERMISSIBLE PAYMENTS
FROM CAMPAIGN ACCOUNT
LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE: ROBIN WORTON STANBURY

PAGE 1
OF 1

DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AMOUNT
		<u>None</u>	

TOTAL A 0

* TYPE:
 B - Bank fees
 E - Intended election expense that was not used
 F - Payments made for fundraising purposes
 N - Nomination deposit
 O - Other (describe)

4232 - SHARED ELECTION EXPENSE

LOCAL ELECTIONS CANDIDATE

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SUBMIT A SEPARATE FORM FOR EACH SHARED ELECTION EXPENSE

NAME OF CANDIDATE	ROBIN MORTON STANBRIDGE	PAGE	1
		OF	1

DESCRIPTION OF SHARED EXPENSE	none
-------------------------------	------

Total value of shared election expense	0
Candidate's portion of shared election expense*	0
Amount paid directly to supplier (if applicable)	0
Amount of reimbursements given to other candidate(s)	0
Amount of reimbursements received from other candidates	0

*Note: Remember to include your portion of the shared expense as an election expense on form 4229 - Summary of Election Expenses.

Full names of other candidates with whom the expense was shared:

LAST NAME	FIRST NAME	MIDDLE NAME
	Zilch	

4233 - TRANSFERS BETWEEN CANDIDATE'S OWN CAMPAIGN ACCOUNTS

LOCAL ELECTIONS CANDIDATE

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NAME OF CANDIDATE ROBIN MORTON STANBOLIDGE

PAGE 1
OF 1

Transfers between candidate's own campaign accounts in same jurisdiction

PURPOSE	AMOUNT
<u>none</u>	

Transfers from candidate's own campaign accounts in other jurisdictions

DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)	AMOUNT
	<u>none</u>	
TOTAL A		<u>0</u>

Transfers to candidate's own campaign accounts in other jurisdictions

DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)	AMOUNT
	<u>none</u>	
TOTAL B		<u>0</u>

The amounts in boxes A and B must be carried forward to form 4222.

4234 - DISBURSEMENT OF SURPLUS FUNDS

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE

ROBIN MORTON STANBRIDGE

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

0	A
---	---

Total amount of campaign contributions from candidate

0	B
---	---

Amount reimbursed to candidate from campaign account for the candidate's contributions to their campaign

0	C
---	---

Date of reimbursement to candidate (YYYY/MM/DD)

N/A	
-----	--

Amount of remaining surplus funds (after any reimbursement under box C)

0	D
---	---

If the amount in Box D is \$500 or more, it must be paid to the jurisdiction in which the candidate ran for election. Provide the date of payment (YYYY/MM/DD).

--

If the amount in Box D is less than \$500 provide details of how it was disbursed.

DATE (YYYY/MM/DD)	DESCRIPTION	AMOUNT

4235 - FREE ADVERTISING FROM JURISDICTION

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE

ROBIN MORTON STANBRIDGE

Free advertising provided by jurisdiction

DATE ADVERTISING WAS TRANSMITTED (YYYY/MM/DD)	JURISDICTION	MEANS OF TRANSMISSION (WEBSITE, FLYER, ETC.)
2015/10/18 2015/11/15	colwood	city website

4236 - PREVIOUS FINANCIAL AGENTS LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE ROBIN MORTON STANBRIDGE			
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)			
FINANCIAL AGENT'S LAST NAME		FIRST NAME	MIDDLE NAME
FINANCIAL AGENT MAILING ADDRESS			PHONE NO.
CITY/TOWN	POSTAL CODE	EMAIL (IF AVAILABLE)	
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)			
FINANCIAL AGENT'S LAST NAME		FIRST NAME	MIDDLE NAME
FINANCIAL AGENT MAILING ADDRESS			PHONE NO.
CITY/TOWN	POSTAL CODE	EMAIL (IF AVAILABLE)	
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)			
FINANCIAL AGENT'S LAST NAME		FIRST NAME	MIDDLE NAME
FINANCIAL AGENT MAILING ADDRESS			PHONE NO.
CITY/TOWN	POSTAL CODE	EMAIL (IF AVAILABLE)	
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)			
FINANCIAL AGENT'S LAST NAME		FIRST NAME	MIDDLE NAME
FINANCIAL AGENT MAILING ADDRESS			PHONE NO.
CITY/TOWN	POSTAL CODE	EMAIL (IF AVAILABLE)	