



Amendment # _____

GENERAL VOTING DAY (YYYY/MM/DD) 2022/10/15			
CANDIDATE'S FULL NAME Gregory Blake Robins		BALLOT NAME (IF DIFFERENT) Greg Robins	
CANDIDATE'S MAILING ADDRESS 901 Hendecourt Road		PHONE NUMBER 604-561-4971	
CITY/TOWN North Vancouver	PROV. BC	POSTAL CODE V7K 2X5	EMAIL (IF AVAILABLE) therobins@gmail.com
JURISDICTION District of North Vancouver		OFFICE SOUGHT Councillor	
ELECTION AREA District of North Vancouver			
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) 2023/01/07		DATE (YYYY/MM/DD) 2323/01/07	
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 Greg Robins

INCOME	
Value of campaign contributions from all sources (box A , Form 4302)	1400.00
Amount of all permissible loans received (box B , Form 4304)	0
Other income and transfers received (box A , Form 4305)	0
TOTAL INCOME (sum of above boxes)	1400.00
 EXPENSES	
Election period expenses (box A , Form 4307)	0
Campaign period expenses (box B , Form 4307)	2755.24
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)	2755.24

Campaign Account(s)	
NAME OF SAVINGS INSTITUTION	CIBC
ADDRESS	400 Burrard St, Vancouver BC V6C 3A6
NAME OF SAVINGS INSTITUTION	
ADDRESS	

SUMMARY OF CAMPAIGN CONTRIBUTIONS
LOCAL ELECTIONS CANDIDATE

NAME OF CANDIDATE

Greg Robins

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)

\$ 1400.00

TOTAL CONTRIBUTIONS

\$ 1400.00 **A**

NAME OF CANDIDATE
Greg Robins

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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			
Linda Finlay					2022/10/11	400.00	400.00
Lorelei Robins					2022/09/20	1000.00	1000.00
SUBTOTAL OF THIS PAGE						1400.00	
TOTAL CONTRIBUTIONS FROM ALL FORM(S) 4303						1400.00	A

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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)	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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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				
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

NAME OF CANDIDATE

Greg Robins

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		1123.50
Promotional materials, including newsletters, brochures, buttons and novelty items		349.60
Radio		
Search engine marketing and optimization		
Signs		912.80
Value of reused signs		
Social media		286.01
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		83.33
Subscriptions and dues		
Telecommunications and information technology		
Travel		
Other expenses (describe)		
TOTAL EXPENSES	A	2755.24 B
CAMPAIGN PERIOD 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

NAME OF CANDIDATE

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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

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
Mathew Bond				1258.40
Jordan Back			251.68	
Catherine Pope			251.68	
Ellison Mallin			251.68	
Harrison Johnston			251.68	

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Report all transfers given and expenses that are not election expenses on this form.

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

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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))
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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"/>	<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"/>	<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

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

NAME OF CANDIDATE Greg Robins

Balance remaining in campaign account(s) after payment of all expenses 0.00 **A**

Total amount of campaign contributions from candidate 1355.24

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 Greg Robins

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)	