

4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

Amendment # _____

CANDIDATE'S FULL NAME MICHAEL ROBSON		GENERAL VOTING DAY (YYYY/MM/DD) 2014/11/15
BALLOT NAME (IF DIFFERENT FROM ABOVE)		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) MAYOR
MAILING ADDRESS 3350 MARINE AVE		PHONE NO. 604-671-7256
CITY / TOWN BELCARRA	POSTAL CODE V3H 4S3	EMAIL (IF AVAILABLE) michaelrobson@shaw.ca
JURISDICTION		
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 ROBSON	FIRST NAME MICHAEL	MIDDLE NAME
FINANCIAL AGENT'S MAILING ADDRESS 3350 MARINE AVE		PHONE NO. 604-671-7256
CITY / TOWN BELCARRA	POSTAL CODE V3H 4S3	EMAIL (IF AVAILABLE) michaelrobson@shaw.ca
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 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	MICHAEL ROBSON
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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* (LECFCA).

SIGNATURE OF CANDIDATE	<i>Michael Robson</i>	DATE: (YYYY/MM/DD)	2014/11/17
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PRINTED NAME OF CANDIDATE	
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SIGNATURE OF FINANCIAL AGENT	<i>Michael Robson</i>	DATE: (YYYY/MM/DD)	2014/11/17
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PRINTED NAME OF FINANCIAL AGENT	
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Campaign accounts:

NAME OF SAVINGS INSTITUTION	N
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ADDRESS	
---------	--

NAME OF SAVINGS INSTITUTION	A
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ADDRESS	
---------	--

NAME OF SAVINGS INSTITUTION	
-----------------------------	--

ADDRESS	
---------	--

NAME OF SAVINGS INSTITUTION	
-----------------------------	--

ADDRESS	
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4222 - STATEMENT OF INCOME AND EXPENSES
LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE **MICHAEL ROBSON**

Total value of campaign contributions from all sources (from box C on form 4223) **\$600**

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) **\$600** **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) **\$1,357.** **B**

4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS
LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE

MICHAEL ROBSON

	All Contributions	
Individuals	\$ 600.	
Corporations		
Unincorporated Business/Commercial Organizations		
Trade Unions		
Non-profit Organizations		
Other Identifiable Contributors		
Total	\$ 600	A

Anonymous contributions \$ — **B**

Total contributions (A + B) \$ 600 **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 **MICHAEL ROBSON** PAGE **1**
 OF **1**

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
2014/10/08	KEN SCHRAUWEN	[REDACTED]	1	\$100.
2014/10/31	ROD McLEANS	[REDACTED]	1	\$500.

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 \$600.**

4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE <div style="font-size: 1.5em; font-family: cursive; margin-left: 100px;">MICHAEL ROBSON</div>	PAGE <input style="width: 20px;" type="text" value="1"/> OF <input style="width: 20px;" type="text" value="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 type="checkbox"/> ORGANIZATION <input type="checkbox"/> ANONYMOUS					
DESCRIPTION OF HOW THE PROHIBITED CONTRIBUTION WAS RECEIVED <div style="font-size: 2em; font-family: cursive; text-align: center; margin-top: 10px;">N</div>					
Complete this field if the prohibited campaign contribution was received from an individual:					
NAME OF INDIVIDUAL <div style="font-size: 2em; font-family: cursive; text-align: center; margin-top: 10px;">A</div>					
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

4227 - OTHER PERMISSIBLE DEPOSITS
TO CAMPAIGN ACCOUNT
LOCAL ELECTIONS CANDIDATE



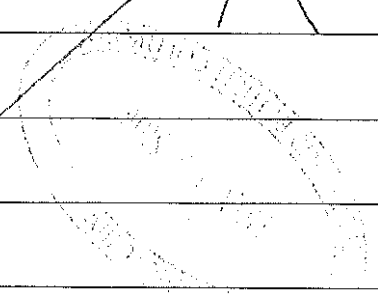
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NAME OF CANDIDATE: MICHAEL ROBSON

PAGE 1 OF 1

DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AMOUNT

N
A



TOTAL A —

* TYPE:
I - Interest
D - Dividends of shares paid by credit union
S - Surplus funds from previous election returned by jurisdiction
F - Fundraising income not reported as a campaign contribution
O - Other (describe)

4228 - FUNDRAISING FUNCTION TICKET SALES

LOCAL ELECTIONS CANDIDATE

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SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD



NAME OF CANDIDATE <div style="font-size: 1.5em; font-family: cursive;">MICHAEL ROBSON</div>		PAGE <input style="width: 20px;" type="text" value="1"/>
DATE OF EVENT (YYYY/MM/DD)		OF <input style="width: 20px;" type="text" value="1"/>
DESCRIPTION OF FUNDRAISING EVENT		

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	N			<input type="checkbox"/>
Purchases by individuals of tickets that are more than \$50 each	N			<input type="checkbox"/>
Total income reported as campaign contributions				

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				<input type="checkbox"/>

4229 - SUMMARY OF ELECTION EXPENSES
LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE **MICHAEL ROBSON**

	Column A Election Expenses	Column B Election Proceedings Period Expenses
ADVERTISING		
Brochures, pamphlets and flyers		\$442.40
Internet		
Newspaper, magazine, journal	\$600.00	
Radio		
Signs and billboards		\$175.80
Television		
Other advertising		
CAMPAIGN ADMINISTRATION		
Salaries and wages		
Rent, insurance and utilities		
Courier and postage		61.00
Furniture and equipment		
Office supplies		12.00
Professional services		
Other campaign administration expenses		
Conventions and meetings		
Other campaign related functions		
Research and polling		
Interest		
EXCLUSIONS THAT MUST BE REPORTED		
Personal election expenses		
Interest on loans for election expenses		
Legal and accounting services		
Financial agent services		
Other expenses (describe) GASOLINE		65.00
Total Expenses	A \$600.	B \$757

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 MICHAEL ROBSON PAGE 1 OF 1

DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER

NA

*Also include legal name if different than ballot name.

TOTAL A

4231 - OTHER PERMISSIBLE PAYMENTS
FROM CAMPAIGN ACCOUNT
LOCAL ELECTIONS CANDIDATE

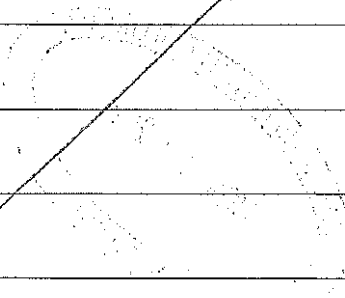


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NAME OF CANDIDATE: MICHAEL ROBSON

PAGE 1 OF 1

DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AMOUNT



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

TOTAL A

This form is available for public inspection.
ORIGINAL - ELECTIONS BC
PLEASE KEEP A COPY FOR YOUR RECORDS

This information is collected to administer the Local Elections Campaign Financing Act.
Questions? Contact: Privacy Officer, Elections BC
1-800-661-8683 PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6

4232 - SHARED ELECTION EXPENSE

LOCAL ELECTIONS CANDIDATE

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ELECTIONS

A non-partisan Office of the Legislature

SUBMIT A SEPARATE FORM FOR EACH SHARED ELECTION EXPENSE

NAME OF CANDIDATE: MICHAEL ROBSON PAGE 1 OF 1

DESCRIPTION OF SHARED EXPENSE

Total value of shared election expense

Candidate's portion of shared election expense*

Amount paid directly to supplier (if applicable)

Amount of reimbursements given to other candidate(s)

Amount of reimbursements received from other candidates

*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:

Table with 3 columns: LAST NAME, FIRST NAME, MIDDLE NAME. Includes a large diagonal watermark 'ORIGINAL'.

**4233 - TRANSFERS BETWEEN CANDIDATE'S
OWN CAMPAIGN ACCOUNTS
LOCAL ELECTIONS CANDIDATE**



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NAME OF CANDIDATE **MICHAEL ROBSON**

PAGE **1**
OF **1**

Transfers between candidate's own campaign accounts in same jurisdiction

PURPOSE	AMOUNT

Transfers from candidate's own campaign accounts in other jurisdictions

DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)	AMOUNT
TOTAL A		

Transfers to candidate's own campaign accounts in other jurisdictions

DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)	AMOUNT
TOTAL B		

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

MICHAEL ROBSON

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

A

Total amount of campaign contributions from candidate

B

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

C

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

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

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

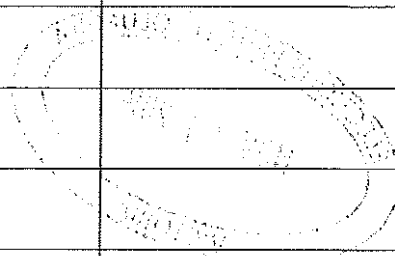


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NAME OF CANDIDATE MICHAEL ROBSON
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Free advertising provided by jurisdiction

DATE ADVERTISING WAS TRANSMITTED (YYYY/MM/DD)	JURISDICTION	MEANS OF TRANSMISSION (WEBSITE, FLYER, ETC.)
2014/11/01	BELCARA	VILLAGE "BARNACLE" NEWSPAPER



**4236 - PREVIOUS FINANCIAL AGENTS
LOCAL ELECTIONS CANDIDATE**



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NAME OF CANDIDATE			
MICHAEL ROBSON			
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)