

4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT**LOCAL ELECTIONS CANDIDATE**

PLEASE PRINT IN BLOCK LETTERS

Amendment # _____

CANDIDATE'S FULL NAME DON ROBERTS		GENERAL VOTING DAY (YYYY/MM/DD) NOV 14/11/15	
BALLOT NAME (IF DIFFERENT FROM ABOVE)		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) COUNCILLOR	
MAILING ADDRESS #207 2080 20th AVE		PHONE NO. 778 549 8496	
CITY / TOWN PRINCE GEORGE	POSTAL CODE V2L 1S9	EMAIL (IF AVAILABLE)	
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 ROBERTS	FIRST NAME DONALD	MIDDLE NAME ANDREW
FINANCIAL AGENT'S MAILING ADDRESS #207 2080 20th AVE		PHONE NO. 778 549 8496
CITY / TOWN PRINCE GEORGE	POSTAL CODE	EMAIL (IF AVAILABLE)
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD) 14/11/01		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 type="checkbox"/> Statement of Income and Expenses – Form 4222 <input type="checkbox"/> Summary of Campaign Contributions by Class – Form 4223 <input type="checkbox"/> Significant Contributors (\$100 or more) – Form 4224 <input type="checkbox"/> Prohibited Campaign Contributions – Form 4225 <input type="checkbox"/> Transfers Received from Elector Organization – Form 4226 <input type="checkbox"/> Other Permissible Deposits – Form 4227 <input type="checkbox"/> Fundraising Function Ticket Sales – Form 4228 <input type="checkbox"/>	Summary of Election Expenses – Form 4229 <input type="checkbox"/> Transfers Given to Elector Organization – Form 4230 <input type="checkbox"/> Other Permissible Payments – Form 4231 <input type="checkbox"/> Shared Election Expense – Form 4232 <input type="checkbox"/> Transfers Between Candidate's Own Accounts – Form 4233 <input type="checkbox"/> Disbursement of Surplus Funds – Form 4234 <input type="checkbox"/> Free Advertising from Jurisdiction – Form 4235 <input type="checkbox"/> Previous Financial Agents – Form 4236 <input type="checkbox"/>
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4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS**LOCAL ELECTIONS CANDIDATE**

PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

DON ROBERTS

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

DATE: (YYYY/MM/DD)

PRINTED NAME OF CANDIDATE

DON ROBERTS

SIGNATURE OF FINANCIAL AGENT

DATE: (YYYY/MM/DD)

PRINTED NAME OF FINANCIAL AGENT

DON ROBERTS

Campaign accounts:

NAME OF SAVINGS INSTITUTION

BANK OF MONTREAL

ADDRESS

#220 22330 88 AVE LANGLEY BC

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

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

0

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

0

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

0

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

0

Total Income (sum of above boxes)

0

A

Election expenses (from box A on form 4229)

0

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

0

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

0

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

0

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

0

Total Expenditures (sum of above boxes)

0

B

4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

DON ROBERTS

All Contributions

Individuals	<input type="text" value="0"/>	
Corporations	<input type="text" value="0"/>	
Unincorporated Business/Commercial Organizations	<input type="text" value="0"/>	
Trade Unions	<input type="text" value="0"/>	
Non-profit Organizations	<input type="text" value="0"/>	
Other Identifiable Contributors	<input type="text" value="0"/>	
Total	\$ <input type="text" value="0"/>	A

Anonymous contributions	\$ <input type="text" value="0"/>	B
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Total contributions (A + B)	\$ <input type="text" value="0"/>	C
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Total significant contributions (must equal box A on all forms 4224)	\$ <input type="text" value="0"/>
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Total contributions of less than \$100	\$ <input type="text" value="0"/>
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Number of contributors who gave less than \$100	# <input type="text" value="0"/>
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Number of anonymous contributors	# <input type="text" value="0"/>
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4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS**LOCAL ELECTIONS CANDIDATE**

PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

DON ROBERTS

PAGE

OF

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		0	0		

DESCRIPTION OF HOW THE PROHIBITED CONTRIBUTION WAS RECEIVED

N/A

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

NAME OF INDIVIDUAL

N/A

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

NAME OF ORGANIZATION

N/A

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

4228 - FUNDRAISING FUNCTION TICKET SALES**LOCAL ELECTIONS CANDIDATE**

PLEASE PRINT IN BLOCK LETTERS

SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD



NAME OF CANDIDATE Don Roberts	PAGE <input style="width: 40px;" type="text"/>
DATE OF EVENT (YYYY/MM/DD)	DESCRIPTION OF FUNDRAISING EVENT N/A
OF <input style="width: 40px;" type="text"/>	

Income reported as campaign contributions

	Number of Tickets Sold	Charge per Ticket	Total Charges Collected	Tick if Charge per Ticket Varies
Purchases by organizations	0	0	0	0
Purchases by individuals of more than \$250 worth of tickets				
Purchases by individuals of tickets that are more than \$50 each				
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	0	0	0	N/A

4229 - SUMMARY OF ELECTION EXPENSES**LOCAL ELECTIONS CANDIDATE**

PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

DON ROBERTS**Column A****Column B****Election Expenses****Election Proceedings Period Expenses****ADVERTISING**

Brochures, pamphlets and flyers

N/A

Internet

N/A

Newspaper, magazine, journal

N/A

Radio

N/A

Signs and billboards

N/A

Television

N/A

Other advertising

CAMPAIGN ADMINISTRATION

Salaries and wages

N/A

Rent, insurance and utilities

N/A

Courier and postage

N/A

Furniture and equipment

N/A

Office supplies

N/A

Professional services

N/A

Other campaign administration expenses

N/A

Conventions and meetings

N/A

Other campaign related functions

N/A

Research and polling

N/A

Interest

N/A

EXCLUSIONS THAT MUST BE REPORTED

Personal election expenses

0

Interest on loans for election expenses

0

Legal and accounting services

0

Financial agent services

0

Other expenses (describe)

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.

4232 - SHARED ELECTION EXPENSE**LOCAL ELECTIONS CANDIDATE**

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SUBMIT A SEPARATE FORM FOR EACH SHARED ELECTION EXPENSE



NAME OF CANDIDATE

DON ROBERTS

PAGE OF

DESCRIPTION OF SHARED EXPENSE

N/A

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
N/A	N/A	N/A

4233 - TRANSFERS BETWEEN CANDIDATE'S OWN CAMPAIGN ACCOUNTS

LOCAL ELECTIONS CANDIDATE

PLEASE PRINT IN BLOCK LETTERS



NAME OF CANDIDATE

DON ROBERTS

PAGE

OF

Transfers between candidate's own campaign accounts in same jurisdiction

PURPOSE	AMOUNT
N/A	0

Transfers from candidate's own campaign accounts in other jurisdictions

DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)	AMOUNT
N/A		0
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
N/A		0
TOTAL		B

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

4234 - DISBURSEMENT OF SURPLUS FUNDS**LOCAL ELECTIONS CANDIDATE**

PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

DON ROBERTS

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)

0 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).

N/A

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

DATE (YYYY/MM/DD)	DESCRIPTION	AMOUNT
	N/A	



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

4236 - PREVIOUS FINANCIAL AGENTS

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE DON ROBERTS		
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD) 14/11/01		
FINANCIAL AGENT'S LAST NAME ROBERTS	FIRST NAME DONALD	MIDDLE NAME ANDREW
FINANCIAL AGENT MAILING ADDRESS #307 2080 25th AVE		PHONE NO. 778 549 8496
CITY/TOWN	POSTAL CODE	EMAIL (IF AVAILABLE)

EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)		
FINANCIAL AGENT'S LAST NAME ROBERTS	FIRST NAME DON	MIDDLE NAME A.
FINANCIAL AGENT MAILING ADDRESS SAME AS ABOVE		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)