

**4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT**

**LOCAL ELECTIONS CANDIDATE**



PLEASE PRINT IN BLOCK LETTERS

Amendment # \_\_\_\_\_

CANDIDATE'S FULL NAME <b>RON KEITH GALLO</b>		GENERAL VOTING DAY (YYYY/MM/DD) <b>2014/11/15</b>	
BALLOT NAME (IF DIFFERENT FROM ABOVE) <b>Ron Gallo</b>		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) <b>Councillor</b>	
MAILING ADDRESS <b>182 McKinley Cres.</b>		PHONE NO. <b>250 6179268</b>	
CITY/TOWN <b>Prince George</b>	POSTAL CODE <b>V2M 1Y54</b>	EMAIL (IF AVAILABLE) <b>rgallo1964@gmail.com</b>	
JURISDICTION <b>CITY OF PRINCE GEORGE</b>			
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 <b>KERR-HOLDEN</b>	FIRST NAME <b>LUCY</b>	MIDDLE NAME <b>BRYN</b>	
FINANCIAL AGENT'S MAILING ADDRESS <b>369 EWERT ST</b>		PHONE NO. <b>250-981-6851</b>	
CITY/TOWN <b>PRINCE GEORGE</b>	POSTAL CODE <b>V2M 1ZNS</b>	EMAIL (IF AVAILABLE) <b>lucy.kerrholden@gmail.com</b>	
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD) <b>2014/09/22</b>	If there were previous financial agents, complete form 4236.		
<input type="checkbox"/> Tick if candidate was registered as a third party sponsor		<input 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

RON KEITH CALLO

**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

DATE: (YYYY/MM/DD)

2015/01/02

PRINTED NAME OF CANDIDATE

RON CALLO

SIGNATURE OF FINANCIAL AGENT

DATE: (YYYY/MM/DD)

2015/01/02

PRINTED NAME OF FINANCIAL AGENT

LUCY KERR-HOLDEN

**Campaign accounts:**

NAME OF SAVINGS INSTITUTION

TD Canada Trust

ADDRESS

400 Victoria St Prince George, BC V2L 2J7

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

RON KEITH GALLO

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																																																	
RON KEITH GALLO																																																	
<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"></td> <td colspan="2" style="text-align: center;"><b>All Contributions</b></td> </tr> <tr> <td style="width: 30%;"></td> <td style="width: 30%; text-align: right;">Individuals</td> <td style="width: 20%; text-align: right;">\$1840-</td> <td style="width: 20%;"></td> </tr> <tr> <td></td> <td style="text-align: right;">Corporations</td> <td style="text-align: right;">88.00</td> <td></td> </tr> <tr> <td></td> <td style="text-align: right;">Unincorporated Business/Commercial Organizations</td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: right;">Trade Unions</td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: right;">Non-profit Organizations</td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: right;">Other Identifiable Contributors</td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: right;">Total</td> <td style="text-align: right;">\$ 1840-</td> <td style="text-align: center;">A</td> </tr> <tr> <td></td> <td style="text-align: right;">Anonymous contributions</td> <td style="text-align: right;">\$ 0</td> <td style="text-align: center;">B</td> </tr> <tr> <td></td> <td style="text-align: right;">Total contributions (A + B)</td> <td style="text-align: right;">\$ 1840-</td> <td style="text-align: center;">C</td> </tr> <tr> <td colspan="2" style="padding-top: 10px;">Total significant contributions (must equal box A on all forms 4224)</td> <td style="text-align: right;">\$ 1800-</td> <td></td> </tr> <tr> <td colspan="2" style="padding-top: 10px;">Total contributions of less than \$100</td> <td style="text-align: right;">\$ 40-</td> <td></td> </tr> </table>				<b>All Contributions</b>			Individuals	\$1840-			Corporations	88.00			Unincorporated Business/Commercial Organizations				Trade Unions				Non-profit Organizations				Other Identifiable Contributors				Total	\$ 1840-	A		Anonymous contributions	\$ 0	B		Total contributions (A + B)	\$ 1840-	C	Total significant contributions (must equal box A on all forms 4224)		\$ 1800-		Total contributions of less than \$100		\$ 40-	
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Number of contributors who gave less than \$100		# 2																																															
Number of anonymous contributors		# 0																																															



# 4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS

## LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE <span style="font-size: 1.2em; font-family: cursive;">RON KEITH GALLO</span>	PAGE <input style="width: 20px;" type="text" value="1"/> OF <input style="width: 20px;" type="text" value="1"/>
<b>INSTRUCTIONS:</b> 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					
<b>Complete this field if the prohibited campaign contribution was received from an individual:</b>					
NAME OF INDIVIDUAL					
<b>Complete these fields if the prohibited campaign contribution was received from an organization:</b>					
NAME OF ORGANIZATION					CLASS*
MAILING ADDRESS					
NAME OF DIRECTOR			NAME OF DIRECTOR		

<sup>4</sup> 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**

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SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD



NAME OF CANDIDATE <b>RON KEITH GALLO</b>		PAGE <input type="text" value="1"/>		
		OF <input type="text" value="1"/>		
DATE OF EVENT (YYYY/MM/DD)	DESCRIPTION OF FUNDRAISING EVENT			
<b>Income reported as campaign contributions</b>				
	Number of Tickets Sold	Charge per Ticket	Total Charges Collected	Tick if Charge per Ticket Varies
Purchases by organizations	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Purchases by individuals of more than \$250 worth of tickets	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Purchases by individuals of tickets that are more than \$50 each	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Total income reported as campaign contributions			<input type="text"/>	
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).				
<b>Other income not reported as campaign contributions</b>				
	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="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

**4229 - SUMMARY OF ELECTION EXPENSES**

**LOCAL ELECTIONS CANDIDATE**



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NAME OF CANDIDATE

RON KEITH GALLO

**ADVERTISING**

	Column A Election Expenses	Column B Election Proceedings Period Expenses
Brochures, pamphlets and flyers		
Internet	270.90	
Newspaper, magazine, journal	425.25	
Radio		
Signs and billboards	672.00	
Television		
Other advertising	343.50	

**CAMPAIGN ADMINISTRATION**

Salaries and wages		
Rent, insurance and utilities		
Courier and postage		
Furniture and equipment		
Office supplies	40.00	
Professional services	100.00	
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)

**Total Expenses**

<b>A</b>	1851.71	<b>B</b>	
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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.







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



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NAME OF CANDIDATE  
 RON KEITH GALLO

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.







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



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NAME OF CANDIDATE <b>RON KEITH GALLO</b>		
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)