4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT LOCAL ELECTIONS CANDIDATE

ELECTIONS 1 A non-partisan Office of the Legislature

Amendment #	

CANDIDATE'S FULL NAME				GENERAL VOTING DAY (YYYY/MM/DD)
Robert Gordon McFarlane				2014/11/15
BALLOT NAME (IF DIFFERENT FROM ABOVE)				OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.); Trustee, Board of Education
MAILING ADDRESS				PHONE NO.
19916 50A Avenue				604-530-8263
CITY / TOWN		POSTAL CODE		EMAIL (IF AVAILABLE)
Langley		V3A	7P9	rmcfarlane@robertmcfarlane.org
JURISDICTION				
City of Langley				
ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELEC	CTORAL AREA (IF APPLIC	ABLE)		
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION	ON (IF APPLICABLE)			
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATIO	N (IF APPLICABLE)			
				MDD E NAME
FINANCIAL AGENT'S LAST NAME	FIRST NAME			MIDDLE NAME
FINANCIAL AGENT'S MAILING ADDRESS				PHONE NO.
CITY / TOWN		POSTAL CODE		EMAJL (IF AVAILABLE)
	· · · · · · · · · · · · · · · · · · ·			
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)	If there	were previou	ıs financi	ial agents, complete form 4236.
Tick if candidate was registered as a third p	erty sponsor	Tick if c	andidate a	acted as a campaign organizer
This disclosure statement includes the following	forms:			
Declarations and Campaign Accounts	– Form 4221 🗙		Summa	ary of Election Expenses - Form 4229 X
Statement of Income and Expenses	– Form 4222 🗙	Transf	ers Given	to Elector Organization - Form 4230
Summary of Campaign Contributions by Class	– Form 4223 🗙		Othe	r Permissible Payments - Form 4231 🔀
Significant Contributors (\$100 or more)	– Form 4224 🔀		· 8	hared Election Expense - Form 4232 X
Prohibited Campaign Contributions	– Form 4225 🔀	Transfers Be	ween Ca	ndidate's Own Accounts - Form 4233 X
Transfers Received from Elector Organization	– Form 4226		Disburs	ement of Surplus Funds - Form 4234 X
Other Permissible Deposits	– Form 4227 🗙		Free Adve	ertising from Jurisdiction - Form 4235 X
	- Form 4228	•	B.	evious Financial Agents - Form 4236

4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE Robert Gordon McFarlane	
Trobbit Goldon Wal dridito	
Declaration:	4
I, the undersigned, declare that to the best of my knowledge and belief, this disclosure st	tatement completely and accurately discloses the information
required under the Local Elections Campaign Financing Act (LECFA).	
SIGNATURE OF CANDIDATE	DATE: (YYYY/MM/DD)
7	2015/02/04
PRINTED NAME OF CANDIDATE	
Robert Gordon McFarlane	
SIGNATURE OF FINANCIAL AGENT	DATE: (YYYY/MM/DD)
16	2015/02/04
PRINTED NAME OF FINANCIAL AGENT	
Robert Gordon McFarlane	
	·
0	
Campaign accounts:	
NAME OF SAVINGS INSTITUTION	
Bank of Montreal	
ADDRESS	
#9 - 6233 200 Street, Langley, B.C. V2Y 1A2	
NAME OF SAVINGS INSTITUTION	
ADDRESS	
NAME OF SAVINGS INSTITUTION	
INNIE OF OVARIOS HASTER HOM	
ADDRESS	
NAME OF SAVINGS INSTITUTION	
ADDRESS	
ADDRESS	

4222 - STATEMENT OF INCOME AND EXPENSES LOCAL ELECTIONS CANDIDATE

ELECTIONS A non-partisan Office of the Legislature

Total value of campaign contributions from all sources (from box C on form 4223)	4,050.00
Transfers received from elector organization (from box A on form 4226)	0.00
Total other permissible deposits (from box A on form 4227)	0.00
Transfers from candidate's own accounts in other jurisdictions (from box A on form 4233)	0.00
Total Income (sum of above boxes)	4,050.00
Election expenses (from box A on form 4229)	3,452.18
Transfers to elector organization (from box A on form 4230)	0.00
Total other permissible payments (from box A on form 4231)	0.00
Transfers to candidate's own accounts in other jurisdictions (from box B on form 4233)	0.00
Amount of surplus funds disbursed (from box A on form 4234)	947.72
Total Expenditures (sum of above boxes)	3,452.18

4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE Robert Gordon McFarlane		
	All Contributions	٦.
Individuals	4,050.00	1
Corporations		
Unincorporated Business/Commercial Organizations		
Trade Unions		_
Non-profit Organizations		
Other Identifiable Contributors		
Total	\$ 4,050.00	A
Anonymous contributions	\$	В
Total contributions (A + B)	\$ 4,050.00	С
Total significant contributions (must equal box A on all forms 4224)	\$ 4,000.00	
Total contributions of less than \$100	\$ 50.00	
Number of contributors who gave less than \$100	# 1]
Number of anonymous contributors	# 0	

4224 - SIGNIFICANT CONTRIBUTORS (\$100 OR MORE) LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE	48 - 40 - 41			PAGE 1
Robert Gordon I	McFarlane			0F 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
Oct 13, 2014	Robert Gordon McFarlane		1	4,000.00
•				
				APPEN AND AND AND AND AND AND AND AND AND AN
F NEEDED, ATTACH A CLASS OF CONTRIB 1 – INDIVIDUAL, 2 – C 4 – TRADE UNION 5	DDITIONAL FORMS UTOR: :ORPORATION, 3 – UNINCORPORATED BUSINESS/O - NON-PROFIT ORGANIZATION, 6 – OTHER IDENTIFI	COMMERCIAL ORGANIZATION CONTRIBUTOR	TOTAL	A 4,000.00

4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE Robert Gordon McFarlane					PAGE 1
INSTRUCTIONS: Complete one s Attach additions	heet for each prohibi al forms if necessary	ited campaign con	tribution received.		
RECEIVED FROM INDIVIDUAL ORGANIZATION	DATE RECEIVED (YYYY/MM/DD)	\$ VALUE	DATE RETURNED (YYYY/MM/DD)	OR	DATE REMITTED TO ELECTIONS BC (YYYY/MM/DD)
DESCRIPTION OF HOW THE PROHIBITED CO	ONTRIBUTION WAS RECEIV	EO			
Complete this field if the prohibit	ed campaign contrib	ution was receive	d from an individual	it:	
Complete these fields if the proh	ibited campaign con	tribution was recei	ived from an organi		AL LOOK
NAME OF ORGANIZATION MAILING ADDRESS					CLASS*
NAME OF DIRECTOR		NAME OF DIRE	CTOR		

^{*}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 PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE Robert Gordon M	cFarlane			PAGE 1 0 1
DATE (YYYY/MM/DD)	түре*	DESCRIPTION		AMOUNT
		·		
				A CONTRACTOR OF THE CONTRACTOR

			_	0.00
TYPE: I - Interest D - Dividends of shares p S - Surplus funds from pr F - Fundraising income n O - Other (describe)	paid by credit revious electi of reported a	union on returned by jurisdiction s a campaign contribution	A	0.00

This form is available for public inspection.
ORIGINAL — ELECTIONS 8C
PLEASE KEEP A COPY FOR YOUR RECORDS

4229 - SUMMARY OF ELECTION EXPENSES

LOCAL ELECTIONS CANDIDATE



	Column A	Column B
ADVERTISING	Election Expenses	Election Proceedings Period Expenses
Brochures, pamphlets and flyers	1,107.68	1,107.68
Internet	50.00	50.00
Newspaper, magazine, journal		
Radio		
Signs and billboards	350.00	350.00
Television	•	
Other advertising		
CAMPAIGN ADMINISTRATION		
Salaries and wages		
Rent, insurance and utilities		
Courier and postage	1,944.60	1,944.50
Furniture and equipment		
Office supplies		
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)		
	NAOTE-AND COLUMN TO THE STATE OF THE STATE O	
Total Expenses	3,452.18	B 3,452.18

4231 - OTHER PERMISSIBLE PAYMENTS FROM CAMPAIGN ACCOUNT

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE Robert Gordon M	icFarlane	·			PAGE OF	1
DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	Ī	AN	OUNT	•
(YYYY/MM/DD)			<u> </u>			
			<u> </u>		,	
				•		
			\vdash			
			<u> </u>			
						···
13						
	11	TOTAL	_	** *		0.00
T YPE: 3 – Bank fees 5 – Intended election exp	anse that wa	is not used	Ľ	THAT AND THE TAX A	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	U.VU

F - Payments made for fundraising purposes
N - Nomination deposit
O - Other (describe)

4232 - SHARED ELECTION EXPENSE

LOCAL ELECTIONS CANDIDATE



3.6	ELECTIONS A non-partisan Office of the Legislature
	A non-partisan Office of the Legislature

NAME OF CANDIDATE Robert Gordon McFarlane		PAGE OF
DESCRIPTION OF SHARED EXPENSE		
	Total value of shared	d election expense
	Candidate's portion of shared	election expense*
	Amount paid directly to sup	oplier (If applicable)
	Amount of reimbursements given to	other candidate(s)
	Amount of reimbursements received from	m other candidates
*Note: Remember to include your port Election Expenses. Full names of other candidates with w	tion of the shared expense as an election whom the expense was shared:	n expense on form 4229 - Summary of
LAST NAME	FIRST NAME	MIDDLE NAME
	W-1700	

4233 - TRANSFERS BETWEEN CANDIDATE'S OWN CAMPAIGN ACCOUNTS



LOCAL ELECTIONS CANDIDATE

obert Gordon McFarlane			01	F[
ansfers between candidate's	s own campaign accounts in same jurisdiction		*	
	PURPOSE		AMOUNT	r
A				
			<u> </u>	
	vn campaign accounts in other jurisdictions			
DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)		INDOMA	<u></u>
		TOTAL	Α	
ansfors to candidate's own	campaign accounts in other jurisdictions		L	
DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)		AMOUNT	r
(YYYY/MM/DD)				
			way, gayayayayayayayayayayayayayayayayayayay	
**************************************		1		
		MONTH OF THE PARTY		

4234 - DISBURSEMENT OF SURPLUS FUNDS LOCAL ELECTIONS CANDIDATE



Total amount of campaign contributions from candidate 4,00 Amount reimbursed to candidate from campaign account for the candidate's contributions to their campaign 94 Date of reimbursement to candidate (YYYY/MM/DD) 2015/0	
Amount reimbursed to candidate from campaign account for the candidate's contributions to their campaign Date of reimbursement to candidate (YYYY/MM/DD) Amount of remaining surplus funds (after any reimbursement under box C) 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.	17.72 C
Date of reimbursement to candidate (YYYY/MM/DD) Amount of remaining surplus funds (after any reimbursement under box C) 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.	02/03
Amount of remaining surplus funds (after any reimbursement under box C) 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.	
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.	
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.	0.00
DATE (YYYY/MM/DD) DESCRIPTION AMOUNT	
	posponii
	
	*

4235 - FREE ADVERTISING FROM JURISDICTION LOCAL ELECTIONS CANDIDATE



ree advertising provide	K RY JWIGHINGTON	
ATE ADVERTISING VAS TRANSMITTED (YYYY/MM/DD)	JURISDICTION	MEANS OF TRANSMISSION (WEBSITE, FLYER, ETC.)
	; ·	
	•	