

4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT

LOCAL ELECTIONS CANDIDATE



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Amendment # _____

CANDIDATE'S FULL NAME Pamala Roberta Rose Combs		GENERAL VOTING DAY (YYYY/MM/DD) 2015/11/15	
BALLOT NAME (IF DIFFERENT FROM ABOVE)		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) School Trustee	
MAILING ADDRESS 24370-46A Ave		PHONE NO. 604.838.7877	
CITY / TOWN Langley	POSTAL CODE V2Z 2M3	EMAIL (IF AVAILABLE) p-rcombs@telus.net	
JURISDICTION School District 35			
ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELECTORAL AREA (IF APPLICABLE) TEA 1			
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)			
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)			
FINANCIAL AGENT'S LAST NAME		FIRST NAME	
FINANCIAL AGENT'S MAILING ADDRESS		PHONE NO.	
CITY / TOWN	POSTAL CODE	EMAIL (IF AVAILABLE)	
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 type="checkbox"/>
Prohibited Campaign Contributions – Form 4225 <input type="checkbox"/>	Transfers Between Candidate's Own Accounts – Form 4233 <input 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 type="checkbox"/>
Fundraising Function Ticket Sales – Form 4228 <input type="checkbox"/>	Previous Financial Agents – Form 4236 <input type="checkbox"/>

4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE

Pamala Roberta Rose Combs

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)

2015/2/07

PRINTED NAME OF CANDIDATE

Pamala Roberta Rose Combs

SIGNATURE OF FINANCIAL AGENT

DATE: (YYYY/MM/DD)

PRINTED NAME OF FINANCIAL AGENT

Campaign accounts:

NAME OF SAVINGS INSTITUTION

ADDRESS

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

Pamala Roberta Rose Combs

Total value of campaign contributions from all sources (from box C on form 4223) 0.00

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) 0.00 **A**

Election expenses (from box A on form 4229) 223.26

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) 0.00

Total Expenditures (sum of above boxes) 223.26 **B**

4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE

Pamala Roberta Rose Combs

All Contributions	
Individuals	0.00
Corporations	0.00
Unincorporated Business/Commercial Organizations	0.00
Trade Unions	0.00
Non-profit Organizations	0.00
Other Identifiable Contributors	0.00
Total	\$ 0.00 A

Anonymous contributions \$ 0.00 **B**

Total contributions (A + B) \$ 0.00 **C**

Total significant contributions (must equal box A on all forms 4224) \$ 0.00

Total contributions of less than \$100 \$ 0.00

Number of contributors who gave less than \$100 # 0

Number of anonymous contributors # 0

4224 - SIGNIFICANT CONTRIBUTORS (\$100 OR MORE)



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NAME OF CANDIDATE Pamala Roberta Rose Combs				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
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 0.00

4226 - TRANSFERS RECEIVED FROM ELECTOR ORGANIZATION

LOCAL ELECTIONS CANDIDATE

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NAME OF CANDIDATE Pamala Roberta Rose Combs	PAGE 1
	OF 1

DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER
TOTAL			A 0.00

*Also include legal name if different than ballot name.

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ELECTIONS BC
A non-partisan Office of the Legislature

Pamala Roberta Rose Combs

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OF 1

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ORIGINAL — ELECTIONS DIV
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

4229 - SUMMARY OF ELECTION EXPENSES

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE

Pamala Roberta Rose Combs

	Column A Election Expenses	Column B Election Proceedings Period Expenses
ADVERTISING		
Brochures, pamphlets and flyers		23.26
Internet		
Newspaper, magazine, journal		
Radio		
Signs and billboards		200.00
Television		
Other advertising		
CAMPAIGN ADMINISTRATION		
Salaries and wages		
Rent, insurance and utilities		
Courier and postage		
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)		
Total Expenses	A	B 223.26

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

PAGE

Pamala Roberta Rose Combs

OF

DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER
TOTAL			A 0.00

*Also include legal name if different than ballot name.

**4231 - OTHER PERMISSIBLE PAYMENTS
FROM CAMPAIGN ACCOUNT
LOCAL ELECTIONS CANDIDATE**



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NAME OF CANDIDATE

Pamala Roberta Rose Combs

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OF 1

DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AMOUNT
TOTAL			A 0.00

***TYPE:**

B – Bank fees

E – Intended election expense that was not used

F – Payments made for fundraising purposes

N – Nomination deposit

O – Other (describe)

This form is available for public inspection.

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

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Pamala Roberta Rose Combs

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

0.00 A

Total amount of campaign contributions from candidate

223.26 B

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

0.00 C

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

0

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

0.00 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