

4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

Amendment # _____

CANDIDATE'S FULL NAME CAROLINE WATERS		GENERAL VOTING DAY (YYYY/MM/DD) 2014 11 15
BALLOT NAME (IF DIFFERENT FROM ABOVE)		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) COUNCILLOR
MAILING ADDRESS 479 HIRST AVENUE		PHONE NO. 250 248 6790
CITY/TOWN PARKSVILLE	POSTAL CODE V9P 1J2	EMAIL (IF AVAILABLE)
JURISDICTION PARKSVILLE		
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 WATERS	FIRST NAME CAROLINE	MIDDLE NAME
FINANCIAL AGENT'S MAILING ADDRESS 479 HIRST AVENUE		PHONE NO. 250-248-6790
CITY/TOWN PARKSVILLE	POSTAL CODE V9P 1J2	EMAIL (IF AVAILABLE)
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD) 2014 - 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 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"/> |

4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT

LOCAL ELECTIONS CANDIDATE



SEE AMENDMENT

PLEASE PRINT IN BLOCK LETTERS

Amendment # _____

CANDIDATE'S FULL NAME CAROLINE WATERS		GENERAL VOTING DAY (YYYY/MM/DD) 2014 11 15
BALLOT NAME (IF DIFFERENT FROM ABOVE)		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) Councillor
MAILING ADDRESS 479 HIRST AVENUE		PHONE NO. 250 248 6790
CITY/TOWN PARKSVILLE	POSTAL CODE V9P 1J2	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 WATERS	FIRST NAME CAROLINE	MIDDLE NAME
FINANCIAL AGENT'S MAILING ADDRESS 479 HIRST AVENUE		PHONE NO. 250-248-6790
CITY/TOWN PARKSVILLE	POSTAL CODE V9P 1J2	EMAIL (IF AVAILABLE)
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD) 2014 - 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"/> | Summary of Election Expenses -- Form 4229 <input type="checkbox"/> |
| Statement of Income and Expenses -- Form 4222 <input type="checkbox"/> | Transfers Given to Elector Organization -- Form 4230 <input type="checkbox"/> |
| Summary of Campaign Contributions by Class -- Form 4223 <input type="checkbox"/> | Other Permissible Payments -- Form 4231 <input type="checkbox"/> |
| Significant Contributors (\$100 or more) -- Form 4224 <input 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 type="checkbox"/> | Disbursement of Surplus Funds -- Form 4234 <input type="checkbox"/> |
| Other Permissible Deposits -- Form 4227 <input 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



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE CAROLINE WATERS

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 <i>Caroline Waters</i>	DATE: (YYYY/MM/DD) 2014/11/16
--	---

PRINTED NAME OF CANDIDATE CAROLINE WATERS

SIGNATURE OF FINANCIAL AGENT <i>Caroline Waters</i>	DATE: (YYYY/MM/DD) 2014-11-16
--	---

PRINTED NAME OF FINANCIAL AGENT CAROLINE WATERS

Campaign accounts:

NAME OF SAVINGS INSTITUTION COASTAL COMMUNITY CREDIT UNION
--

ADDRESS 140 ALBERNI HWY. PARKSVILLE BC
--

NAME OF SAVINGS INSTITUTION

ADDRESS

NAME OF SAVINGS INSTITUTION

ADDRESS

NAME OF SAVINGS INSTITUTION

ADDRESS

4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS

LOCAL ELECTIONS CANDIDATE



SEE AMENDMENT

PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

CAROLINE WATERS

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

Caroline Waters

DATE: (YYYY/MM/DD)

2014/11/16

PRINTED NAME OF CANDIDATE

CAROLINE WATERS

SIGNATURE OF FINANCIAL AGENT

Caroline Waters

DATE: (YYYY/MM/DD)

2014-11-1

PRINTED NAME OF FINANCIAL AGENT

CAROLINE WATERS

Campaign accounts:

NAME OF SAVINGS INSTITUTION

COASTAL COMMUNITY CREDIT UNION

ADDRESS

140 ALBERNI HWY. PARKSVILLE 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



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE
 CAROLINE WATERS

Total value of campaign contributions from all sources (from box C on form 4223) 524.44
~~525.44~~

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) 524.44
~~525.44~~ A

Election expenses (from box A on form 4229) 524.44
~~525.44~~

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) ~~525.44~~ B
524.44

4222 - STATEMENT OF INCOME AND EXPENSES
LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

SEE AMENDMENT

NAME OF CANDIDATE

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



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE
CAROLINE WATERS

		All Contributions	
Individuals		525.44 524.44	
Corporations			
Unincorporated Business/Commercial Organizations			
Trade Unions			
Non-profit Organizations			
Other Identifiable Contributors			
Total	\$	525.44 \$ 524.44	A
Anonymous contributions	\$		B
Total contributions (A + B)	\$	525.44 \$ 524.44	C
Total significant contributions (must equal box A on all forms 4224)	\$	524.44	
Total contributions of less than \$100	\$	0	

Number of contributors who gave less than \$100 #

Number of anonymous contributors #

4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

SEE AMENDMENT

NAME OF CANDIDATE
CAROLINE WATERS

		All Contributions	
Individuals		525.44	
Corporations			
Unincorporated Business/Commercial Organizations			
Trade Unions			
Non-profit Organizations			
Other Identifiable Contributors			
Total	\$	525.44	A

Anonymous contributions \$ B

Total contributions (A + B) \$ 525.44 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



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE CAROLINE WATERS PAGE
 OF

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
10/31/14	Caroline Waters	[REDACTED]	1	525.44 524.44

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 524.44

4224 - SIGNIFICANT CONTRIBUTORS (\$100 OR MORE)

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

SEE AMENDMENT

NAME OF CANDIDATE

CAROLINE WATERS

PAGE

OF

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
10/31/14	Caroline Waters	[REDACTED]		525 44

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**

4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE CAROLINE WATERS	PAGE <input style="width: 40px;" type="text"/> OF <input style="width: 40px;" type="text"/>
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

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

NAME OF INDIVIDUAL

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

**4226 - TRANSFERS RECEIVED
FROM ELECTOR ORGANIZATION**

LOCAL ELECTIONS CANDIDATE

PLEASE PRINT IN BLOCK LETTERS



NAME OF CANDIDATE

CAROLINE WATERS

PAGE

OF

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

TOTAL **A**

*Also include legal name if different than ballot name.

**4227 - OTHER PERMISSIBLE DEPOSITS
TO CAMPAIGN ACCOUNT
LOCAL ELECTIONS CANDIDATE**



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE <div style="font-size: 1.5em; margin-left: 40px;">CAROLINE WATERS</div>	PAGE <input style="width: 40px;" type="text"/> OF <input style="width: 40px;" type="text"/>
--	--

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

* 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)

TOTAL A

4228 - FUNDRAISING FUNCTION TICKET SALES

LOCAL ELECTIONS CANDIDATE

PLEASE PRINT IN BLOCK LETTERS

SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD



NAME OF CANDIDATE CAROLINE WATERS			PAGE: <input style="width: 40px;" type="text"/>
			OF <input style="width: 40px;" type="text"/>
DATE OF EVENT (YYYY/MM/DD)	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 style="width: 60px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 20px; height: 25px;" type="checkbox"/>
Purchases by individuals of more than \$250 worth of tickets	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 20px; height: 25px;" type="checkbox"/>
Purchases by individuals of tickets that are more than \$50 each	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 20px; height: 25px;" type="checkbox"/>
Total income reported as campaign contributions	<input style="width: 100%; height: 25px;" 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).

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 style="width: 60px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 20px; height: 25px;" type="checkbox"/>

4229 - SUMMARY OF ELECTION EXPENSES

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE
CAROLINE WATERS

	Column A Election Expenses	Column B Election Proceedings Period Expenses
ADVERTISING		
Brochures, pamphlets and flyers	87 34	87.36
Internet		
Newspaper, magazine, journal	437 08	437.08
Radio		
Signs and billboards		
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 524.44	B 524.44

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.

4229 - SUMMARY OF ELECTION EXPENSES

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

SEE AMENDMENT

NAME OF CANDIDATE
CAROLINE WATERS

	Column A Election Expenses	Column B Election Proceedings Period Expenses
ADVERTISING		
Brochures, pamphlets and flyers	87 34	
Internet		
Newspaper, magazine, journal	437 08	
Radio		
Signs and billboards		
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 525 44	B

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



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE CAROLINE WATERS	PAGE <input style="width: 20px;" type="text"/> OF <input style="width: 20px;" type="text"/>
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DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER

*Also include legal name if different than ballot name.

TOTAL	A
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4231 - OTHER PERMISSIBLE PAYMENTS FROM CAMPAIGN ACCOUNT

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

CAROLINE WATERS

PAGE

OF

Table with columns: DATE (YYYY/MM/DD), TYPE*, DESCRIPTION, AMOUNT. The table body is crossed out with a large diagonal line.

* 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

4232 - SHARED ELECTION EXPENSE

LOCAL ELECTIONS CANDIDATE

PLEASE PRINT IN BLOCK LETTERS



SUBMIT A SEPARATE FORM FOR EACH SHARED ELECTION EXPENSE

NAME OF CANDIDATE **CAROLINE WATERS**

PAGE
OF

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:

LAST NAME	FIRST NAME	MIDDLE NAME

4233 - TRANSFERS BETWEEN CANDIDATE'S OWN CAMPAIGN ACCOUNTS

LOCAL ELECTIONS CANDIDATE

PLEASE PRINT IN BLOCK LETTERS



NAME OF CANDIDATE
CAROLINE WATERS

PAGE
OF

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



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE
CAROLINE WATERS

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

Total amount of campaign contributions from candidate ^{524.44} ~~525.44~~ **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
2014/11/04	photocopies	87.36
2014/10/31	election ad.	437.08

4234 - DISBURSEMENT OF SURPLUS FUNDS

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

SEE AMENDMENT

NAME OF CANDIDATE
CAROLINE WATERS

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
2014/11/04	photocopies	87.36
2014/10/31	election ad.	437 08

4235 - FREE ADVERTISING FROM JURISDICTION
LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE
CAROLINE WATERS

Free advertising provided by jurisdiction

DATE ADVERTISING WAS TRANSMITTED (YYYY/MM/DD)	JURISDICTION	MEANS OF TRANSMISSION (WEBSITE, FLYER, ETC.)

4236 - PREVIOUS FINANCIAL AGENTS

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE CAROLINE WATERS			
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)

4236 - PREVIOUS FINANCIAL AGENTS

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

SEE AMENDMENT

NAME OF CANDIDATE			
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)