<u> 4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT</u> LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

Amendment #

CANDIDATE'S FULL NAME	GENERAL VOTING DAY (YYYY/MM/DD)
GERALD ROBERT WA, BALLOT NAME (IF DIFFERENT FROM ABOVE)	RNER 2014/11/15
	OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.)
GERRY WARNER	COUNCILLOR
MAILING ADDRESS	PHONE NO.
1806-2A ST. S.	250-489-3271
	POSTAL CODE EMAIL (IF AVAILABLE)
CRANBROOK	VIC 1E4 gswarner @ shaw.ca
	VIC 17 J
JURISDICTION 0.5 0.000 0.000	
CITY OF CRANBROOK	
ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELECTORAL AREA (IF APPLICA	ABLE)
·—	
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)	
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)	
_	
FILLY OUT TO THE TANK	
FINANCIAL AGENT'S LAST NAME FIRST NAME	MIDDLE NAME
WARNER SANDRA	A LEE
FINANCIAL AGENT'S MAILING ADDRESS	PHONE NO.
1806-2A St. 5.	250-489-327/
CITY / TOWN	POSTAL CODE EMAIL (IF AVAILABLE)
CRANBROOK	VIC 1E4 gswarner@shaw.ca
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)	
2014/10/14/2014/10/07 If there v	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:	
Deplerations and Committee Assessmin Forms 4224	Commence of Floring Francisco Franci
Declarations and Campaign Accounts — Form 4221 [V]	Summary of Election Expenses - Form 4229
Statement of Income and Expenses - Form 4222	Transfers Given to Elector Organization - Form 4230
Oldfornor of moonto did Expositors 1 of the 1222 V	Transiers diverto Elector organization — 1 orin 4230
Summary of Campaign Contributions by Class - Form 4223 🗸	Other Permissible Payments - Form 4231
Significant Contributors (\$100 or more) - Form 4224	Shared Election Expense - Form 4232 📈
	· · · · · · · · · · · · · · · · · · ·
Prohibited Campaign Contributions - Form 4225 📝 🔞	Fransfers Between Candidate's Own Accounts - Form 4233

Transfers Received from Elector Organization - Form 4226	Disbursement of Surplus Funds - Form 4234 V
	-
Other Permissible Deposits - Form 4227 🗸	Free Advertising from Jurisdiction - Form 4235
	·
Fundraising Function Ticket Sales - Form 4228	Previous Financial Agents - Form 4236 🕡
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4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT LOCAL ELECTIONS CANDIDATE

ELECTIONS A non-partisan Office of the Legislature

PLEASE PRINT IN BLOCK LETTERS) = AMEND) WENT

Amendment #

CANDIDATE'S FULLNAME			GENERAL VOTING DAY (YYYY/MM/DD)
CTARALD ROBE	RT WA	RNER	2014/11/15
GERALD ROBE BALLOT NAME (IF DIFFERENT FROM ABOVE)	•		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.)
GERRY WI	PRNER		COUNCILLOR
MAILING ADDRESS			PHONE NO.
1806-2A ST.	5.		250-489-3271
CITY / TOWN		POSTAL CODE	EMAIL (IF AVAILABLE)
CRANBROOK		VIC 1E4	gswarner@shaw.ca
JURISDICTION			
CITY OF CRAN	BROOK		
ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELECTOR	RALAREA (IF APPLIC	CABLE)	
,			
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)		
Vanada			
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF	APPLICABLE)		
JACOBANIA CONTRACTOR C			
FINANCIAL AGENT'S LAST NAME FIRS	ST NAME		MIDDLE NAME
WHRNER	SANDR	A	L 6- 1-
FINANCIAL AGENT'S MAILING ADDRESS			PHONE NO.
1806-2A St. S	, , , , , , , , , , , , , , , , , , ,		250-489-3271
CITY/TOWN		POSTAL CODE	email (IF AVAILABLE) gswarner@shaw.ca
CRANBROOK	\	VIC 1E4	gswarner@shaw.ca
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)			1-1 1-1
2014/10/14	if there	were previous financ	ial agents, complete form 4236.
Title if a weight was resistened as a third park	. ananaar	Tick if condidate	acted as a campaign organizer
Tick if candidate was registered as a third party	y sponsor	Tick it calluldate	acted as a campaign organizor
This disclosure statement includes the following form	ns:		
Declarations and Campaign Accounts - F	Form 4221 [/	Summa	ary of Election Expenses - Form 4229
Statement of Income and Expenses - F	Form 4222 🕡	Transfers Giver	to Elector Organization - Form 4230
Summary of Campaign Contributions by Class – F	orm 4223 🗸	Othe	er Permissible Payments - Form 4231
Significant Contributors (\$100 or more) - F	Form 4224 🔽	S	Shared Election Expense – Form 4232 ν
Prohibited Campaign Contributions - F	Form 4225 📝	Transfers Between Ca	indidate's Own Accounts - Form 4233
Transfers Received from Elector Organization - F	Form 4226 🗸	Disburs	sement of Surplus Funds - Form 4234
Other Permissible Deposits - F	Form 4227	Free Adv	ertising from Jurisdiction - Form 4235
Eundraining Eunation Ticket Sales	orm 4228	D	revious Financial Agents - Form 4236
Fundraising Function Ticket Sales - F	-VIIII 4220 📈	r:	FOUNDATION TO THE PROPERTY OF

4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE GERALD ROBERT WARNER	
TERALU RUBERI WILLIAM	
Declaration:	
I, the undersigned, declare that to the best of my knowledge and belief, this disclosure statement com	npletely and accurately discloses the information
required under the Local Elections Campaign Financing Act (LECFA).	
SIGNATURE OF CANDIDATE	DATE: (YYYY/MM/DD)
In Municipal Comments of the C	2015/01/19
PRINTED NAME OF CANDIDATE	
GERALD WARNER	
SIGNATURE OF FINANCIAL AGENT	DATE: (YYYY/MM/DD)
PRINTED NAME OF FINANCIAL AGENT	2015/01/19
PRINTED NAME OF FINANCIAL AGENT	
SAWDRA WARNER	
Campaign accounts:	
NAME OF SAVINGS INSTITUTION	
C/B C	
919 BAKER STO, CRANBROOK, BC	= VIC 1A4
	, , , , ,
NAME OF SAVINGS INSTITUTION	
ADDRESS	
ADDRESS	
NAME OF SAVINGS INSTITUTION	
ADDRESS	
ADDRESS	ĺ
NAME OF SAVINGS INSTITUTION	I
ADDRESS	Ì

4222 - STATEMENT OF INCOME AND EXPENSES LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE GERALD ROBERT WARNER
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) 2864.42 A
Election expenses (from box A on form 4229) 2, 808, 42
Transfers to elector organization (from box A on form 4230)
Total other permissible payments (from box A on form 4231) 56.00
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) 2864.42 B

4222 - STATEMENT OF INCOME AND EXPENSES LOCAL ELECTIONS CANDIDATE



SEE AMENDMENT	
NAME OF CANDIDATE GERALX ROBERT WARNER	
Total value of campaign contributions from all sources (from box C on form 4223)	2,275.00
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)	2,275.00 A
Election expenses (from box A on form 4229)	2,808.42
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)	2,808,42 B

4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE GERALD ROBERT WARNER	
عام دادان بالد بيال	All Contributions
Individuals Corporations	and the second second
Unincorporated Business/Commercial Organizations	
Trade Unions	
Non-profit Organizations	
Other Identifiable Contributors	
Total	\$ 2,275,00 A
Anonymous contributions	\$ B
Total contributions (A + B)	\$ 22864.42 00 G
Total significant contributions (must equal box A on all forms 4224)	\$ 25/0000
Total contributions of less than \$100	\$ 175.00
Number of contributors who gave less than \$100	# 3
Number of anonymous contributors	#

4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS SEE AMENDMENT

NAME OF CANDIDATE GERALD ROBERT WARNER	
	All Contributions
Individuals	2.275.00
Corporations	
Unincorporated Business/Commercial Organizations	
Trade Unions	
Non-profit Organizations	
Other Identifiable Contributors	
Total	\$ 2,275.00 A
Anonymous contributions	\$ B
Total contributions (A + B)	\$ 2,275.00 C
Total significant contributions (must equal box A on all forms 4224)	\$ 2,100,00
Total contributions of less than \$100	\$ 175.00
Number of contributors who gave less than \$100	# 3
Number of anonymous contributors	#

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



NAME OF CANDIDATE	GERALD ROBERT	WARNER		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
2014/10/04			1	\$ 100:00
2014/10/08	Jenny Humphrey Robert Forbes		1	2,000.00
2014/12/11	Gerald Warner		,	589,42
	,			
	·	·		
	·			
	·	·		<u> </u>
_	•			
		·		
				. h 26 89 42
IF NEEDED, ATTACH A * CLASS OF CONTRIB! 1 - INDIVIDUAL, 2 - C 4 - TRADE UNION, 5	DDITIONAL FORMS UTOR: ORPORATION, 3 — UNINCORPORATED BUSINESS/CO - NON-PROFIT ORGANIZATION, 6 — OTHER IDENTIFIA	MMERCIAL ORGANIZATION CONTRIB BLE CONTRIBUTOR	TOTAL UTIONS	A \$2689.42

4224 - SIGNIFICANT CONTRIBUTORS (\$100 OR MORE) LOCAL ELECTIONS CANDIDATE PLEASE PRINT IN BLOCK LETTERS PAGE NAME OF CANDIDATE WARNER ROBERT GERALD 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) VALUE OF CONTRIBUTION CLASS* 100,00 2,000.00

IF NEEDED, ATTACH ADDITIONAL FORMS

1 – INDIVIDUAL, 2 – CORPORATION, 3 – UNINCORPORATED BUSINESS/COMMERCIAL ORGANIZATION 4 – TRADE UNION, 5 – NON-PROFIT ORGANIZATION, 6 – OTHER IDENTIFIABLE CONTRIBUTOR

* CLASS OF CONTRIBUTOR:

TOTAL

2,100.00

CONTRIBUTIONS

4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

INSTRUCTIONS: Complete one si	Robert heet for each prohibi	ited campaign con		PAGE OF
RECEIVED FROM INDIVIDUAL ORGANIZATION ANONYMOUS	DATE RECEIVED (YYYY/MM/DD)	\$ VALUE	DATE RETURNED (YYYY/MM/IDB)	OR DATE REMITTED TO ELECTIONS BC (YYYY/MM/DD)
Complete this field if the prohibit	ed campaign contrik	oution was receive	d from an individua	1:
Complete these fields if the proh	ibited campaign con	tribution was rece	ived from an organi	zation: CLASS*
MAILING ADDRESS				
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

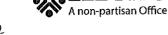
4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS

INDIVIDUAL ORGANIZATION (YYYY/MM/DD) (YYYY/MM/DD) (YYYY/MM/DD) ORGANIZATION ORGANI		ECTIONS CANDI	DAIE CEE MA	INDMENT*	A non-partis	an Office of the Legis
STRUCTIONS: Complete one sheet for each prohibited campaign contribution received. Attach additional forms if necessary. RECEIVED FROM PATE RETURNED RECEIVED \$ VALUE RETURNED RETURNED RECEIVED ROWN PATE RETURNED RECEIVED RECEIVED RECEIVED RECEIVED RECEIVED RECEIVED RECEIVED ROWN PATE RETURNED RECEIVED R	PLEASE PR	RINT IN BLOCK LETTE	RS OF MINI			
STRUCTIONS: Complete one sheet for each prohibited campaign contribution received. Attach additional forms if necessary. RECEIVED FROM DATE RECEIVED RECEIVED \$ VALUE RETURNED (YYYY/MM/DD) OR ELECTIONS BE (YYYY/MM/DD) OR (YYYYY/MM/DD) OR (YYYYYMM/DD) OR (YYYYYMM/DD) OR (YYYYYMM/DD) OR (YYYYYMM/DD) OR (YYYYYMM/DD)	AME OF CANDIDATE					PAGE
RECEIVED FROM DATE RECEIVED S VALUE RETURNED (YYYY/MM/DD) OR ELECTIONS BE (YYYYY/MM/DD) OR ELECTIONS BE (YYYYY/MM/DD) OR ELECTIONS BE (YYYYY/MM/DD) OR ELECTIONS ELECTI						OF
RECEIVED ROW RECEIVED ROW RECEIVED STATE RECEIVED RECEIVED RECEIVED RECEIVED (YYYY/MM/DD) RESCRIPTION OF HOW THE PROHIBITED CONTRIBUTION WAS RECEIVED Complete this field if the prohibited campaign contribution was received from an individual: LAME OF INDIVIDUAL Complete these fields if the prohibited campaign contribution was received from an organization: LAME OF ORGANIZATION CLASS*	STRUCTIONS: Complete one sh Attach additiona	neet for each prohib Il forms if necessary	ted campaign con	tribution received.		
RECEIVED ROW RECEIVED ROW RECEIVED STANDING RECEIVED RECEIVED RECEIVED (YYYY/MM/DD) RESCRIPTION OF HOW THE PROHIBITED CONTRIBUTION WAS RECEIVED Complete this field if the prohibited campaign contribution was received from an individual: LAME OF INDIVIDUAL Complete these fields if the prohibited campaign contribution was received from an organization: LAME OF ORGANIZATION CLASS*				DATE		DATE REMITTED TO
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*		RECEIVED	\$ VALUE	RETURNED	OR	ELECTIONS BC (YYYY/MM/DD)
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						
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	DESCRIPTION OF HOW THE PROHIBITED CO	ONTRIBUTION WAS RECEIV	/ED			
Complete these fields if the prohibited campaign contribution was received from an organization: NAME OF ORGANIZATION MAILING ADDRESS						
Complete these fields if the prohibited campaign contribution was received from an organization: NAME OF ORGANIZATION MAILING ADDRESS				医乳头切除 医皮肤 医乳腺 高克二克 建铁矿矿 医大学疗	医大大学 医原性 经工作证券	
Complete these fields if the prohibited campaign contribution was received from an organization: NAME OF ORGANIZATION MAILING ADDRESS	마음 회문의 기가 보면 보이 하는 사람들이 보면 하는데 있다.					
MAILING ADDRESS CLASS*		ed campaign contrib	oution was receive	d from an individua	l :	
MAILING ADDRESS CLASS*		ed campaign contrib	oution was receive	d from an individua	d: <u> </u>	
MAILING ADDRESS CLASS*		red campaign contril	oution was receive	d from an individua	1: ************************************	
LIVIE OF DIRECTOR	NAME OF INDIVIDUAL					
LIVIE OF DIRECTOR	NAME OF INDIVIDUAL Complete these fields if the prohi					CLASS*
NAME OF DIRECTOR	NAME OF INDIVIDUAL Complete these fields if the prohi					CLASS*
NAME OF DIRECTOR	NAME OF INDIVIDUAL Complete these fields if the prohisame of Organization					CLASS*
	NAME OF INDIVIDUAL Complete these fields if the prohise NAME OF ORGANIZATION MAILING ADDRESS		tribution was rece	ived from an organ		CLASS*
	NAME OF INDIVIDUAL Complete these fields if the prohiname of Organization MAILING ADDRESS		tribution was rece	ived from an organ		CLASS*
	Complete these fields if the prohiname of organization MAILING ADDRESS NAME OF DIRECTOR LASSES OF CONTRIBUTORS:	ibited campaign con	tribution was rece	ived from an organ		CLASS*
- TRADE UNION, 5 – NON-PROFIT ORGANIZATION, 6 – OTHER	Complete these fields if the prohi NAME OF ORGANIZATION MAILING ADDRESS NAME OF DIRECTOR LASSES OF CONTRIBUTORS:	ibited campaign con	tribution was rece	ived from an organ		CLASS*
- TRADE UNION, 5 – NON-PROFIT ORGANIZATION, 6 – OTHER	Complete these fields if the prohi NAME OF ORGANIZATION MAILING ADDRESS NAME OF DIRECTOR LASSES OF CONTRIBUTORS:	ibited campaign con	tribution was rece	ived from an organ		CLASS*
- TRADE UNION, 5 - NON-PROFIT ORGANIZATION, 6 - OTHER	Complete these fields if the prohi NAME OF ORGANIZATION MAILING ADDRESS NAME OF DIRECTOR LASSES OF CONTRIBUTORS:	ibited campaign con	tribution was rece	ived from an organ		CLASS*
- TRADE UNION, 5 – NON-PROFIT ORGANIZATION, 6 – OTHER	Complete these fields if the prohi NAME OF ORGANIZATION MAILING ADDRESS NAME OF DIRECTOR LASSES OF CONTRIBUTORS:	ibited campaign con	tribution was rece	ived from an organ		CLASS*
- TRADE UNION, 5 – NON-PROFIT ORGANIZATION, 6 – OTHER	Complete these fields if the prohi NAME OF ORGANIZATION MAILING ADDRESS NAME OF DIRECTOR ASSES OF CONTRIBUTORS:	ibited campaign con	tribution was rece	ived from an organ		CLASS*

4226 - TRANSFERS RECEIVED FROM ELECTOR ORGANIZATION

LOCAL ELECTIONS CANDIDATE PLEASE PRINT IN BLOCK LETTERS





PAGE NAME OF CANDIDATE Gerald Robert Warner DATE OF TRANSFER (YYYY/MM/DD) VALUE OF TRANSFER DESCRIPTION (IF NON-MONETARY) BALLOT NAME OF ELECTOR ORGANIZATION* TOTAL *Also include legal name if different than ballot name.

4226 - TRANSFERS RECEIVED FROM ELECTOR ORGANIZATION





NA

	PLEASE PRINT IN BLOCK LETTERS		
NAME OF CANDIDATE		SEE AMENDMENT	PAGE OF
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

4227 - OTHER PERMISSIBLE DEPOSITS TO CAMPAIGN ACCOUNT

LOCAL ELECTIONS CANDIDATE PLEASE PRINT IN BLOCK LETTERS





PAGE NAME OF CANDIDATE Gerald Robert Warner OF DATE (YYYY/MM/DD) AMOUNT DESCRIPTION TYPE* TOTAL * TYPE: 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) I - Interest

4227 - OTHER PERMISSIBLE DEPOSITS TO CAMPAIGN ACCOUNT

LOCAL ELECTIONS CANDIDATE





NAME OF CANDIDATE		SEE AMENDMENT	PAGE OF
DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AMOUNT
			<u> </u>
*TYPE: I – Interest D – Dividends of shares p S – Surplus funds from pr	oald by credit	1	A

O - Other (describe)

F - Fundraising income not reported as a campaign contribution

4228 - FUNDRAISING FUNCTION TICKET SALES

LOCAL ELECTIONS CANDIDATE

PLEASE PRINT IN BLOCK LETTERS





NAME OF CANDIDATE PAGE warner Robert Gerald OF DATE OF EVENT (YYYY/MM/DD) DESCRIPTION OF FUNDRAISING EVENT Income reported as campaign contributions Tick if Charge per Charge per Ticket Number of Total Charges Ticket Collected Varies **Tickets Sold** Purchases by organizations 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 Tick if Charge per Number of Charge **Total Charges** Ticket Tickets Sold per Ticket Collected Varies Purchases by individuals of tickets of \$50 or less

4228 - FUNDRAISING FUNCTION TICKET SALES

LOCAL ELECTIONS CANDIDATE





NAME OF CANDIDATE		SEE AMENDIV		PAGE OF
DATE OF EVENT (YYYY/MM/DD) DESCRIPTION	N OF FUNDRAISING E	EVENT		
Income reported as campaign contribution	ns			Tick if
	Number of Tickets Sold	Charge per Ticket	Total Charges Collected	Charge per Ticket Varies
Purchases by organizations				
Purchases by individuals of more than \$250 worth of tickets				
Purchases by individuals of tickets that are more than \$50 each				
Total	ncome reported	as campaign contributions		
Remember to report all campaign contrib and if applicable, on form 4224 - Significa	utions on form 4 int Contributors	4223 - Summary of Camp (\$100 or more).	aign Contributio	ns by Class,
Other income not reported as campaign of	contributions			Tick if Charge per
	Number of Tickets Sold	Charge per Ticket	Total Charges Collected	Ticket Varies
Purchases by individuals of tickets of \$50 or less				

4229 - SUMMARY OF ELECTION EXPENSES LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

	Column A	Column B
DVERTISING	Election Expenses	Election Proceedings Period Expenses
Brochures, pamphlets and flyers	#823.19	# 823.19
Internet	136.50	136,50
Newspaper, magazine, journal	749.17	749.17
Radio		
Signs and billboards		
Television		
Other advertising		
AMPAIGN ADMINISTRATION		
Salaries and wages		
Rent, insurance and utilities		
Courier and postage	1,099.56	1,099.50
Furniture and equipment		
Office supplies		
Professional services		
Other campaign administration expenses		
Conventions and meetings		
Other campaign related functions		
Research and polling		
Interest		
XCLUSIONS THAT MUST BE REPORTED		
Personal election expenses		
Interest on loans for election expenses		
Legal and accounting services		
Financial agent services		
Other expenses (describe)		
1		
Total Expenses	A 2, 808.42	B 2,808,4

The election proceedings period is from September 30, 2014 to November 15, 2014.

4230 - TRANSFERS GIVEN TO ELECTOR ORGANIZATION LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE			PAGE
(4.11.2.0)	Gerald Rober	t warner	OF
DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER
			:
	:		
		·	
	l		
,		·	
'Also include legal name if o	different than ballot name.	. TOTAL	A

4230 - TRANSFERS GIVEN TO ELECTOR ORGANIZATION LOCAL ELECTIONS CANDIDATE



	PLEASE PRINT IN BLOCK LETTERS	SEE AMENDMENT	artisan Office of the Legislature
NAME OF CANDIDATE		67/11	PAGE OF
DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER
			·
			N
Also include legal name if o	different than ballot name.	TOTAL	A

4231 - OTHER PERMISSIBLE PAYMENTS FROM CAMPAIGN ACCOUNT



LOCAL ELECTIONS CANDIDATE

PLEASE PRINT IN BLOCK LETTERS NAME OF CANDIDATE berald Robert Warner DATE (YYYY/MM/DD) AMOUNT TYPE* DESCRIPTION service fee bank charge NIS 3.00 2014/10/31 2014/10/31 25.00 3.00 B 2014/11/28 bank charge Mes 25.00 2014/11/28

* TYPE:

B - Bank fees

E - Intended election expense that was not used

F – Payments made for fundraising purposes

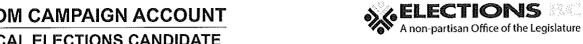
N – Nomination deposit

O - Other (describe)

TOTAL

56.00

4231 - OTHER PERMISSIBLE PAYMENTS FROM CAMPAIGN ACCOUNT



~		PLEASE PRINT IN BLOCK LETTERS N/A	
NAME OF CANDIDATE		SEE ANENDMENT	PAGE
DATE			OF
DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AMOUNT
1.1.1.4.1000			
TYPE:	1.	TOTAL	

E - Intended election expense that was not used

F - Payments made for fundraising purposes

N - Nomination deposit

O - Other (describe)

4232 - SHARED ELECTION EXPENSE LOCAL ELECTIONS CANDIDATE

PLEASE PRINT IN BLOCK LETTERS

SUBMIT A SEPARATE FORM FOR EACH SHARED ELECTION EXPENSE

&	ELECTIONS A non-partisan Office of the Leg	500 Em
	A non-partisan Office of the Leg	islature

NA

NAME OF CANDIDATE	Robert Warner	PAGE			
DESCRIPTION OF SHARED EXPENSE					
	Total value of share	d election expense			
	Candidate's portion of shared	I election expense*			
Amount paid directly to supplier (if applicable)					
	Amount of reimbursements given to	o other candidate(s)			
	Amount of reimbursements received from	om other candidates			
*Note: Remember to include your	portion of the shared expense as an election	on expense on form 4229 - Summary of			
Election Expenses.	ith whom the expense was shared:				
LAST NAME	FIRST NAME	MIDDLE NAME			
·					

4232 - SHARED ELECTION EXPENSE

LOCAL ELECTIONS CANDIDATE



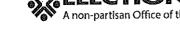
PLEASE PRINT IN BLOCK LETTERS
SUBMIT A SEPARATE FORM FOR EACH SHARED ELECTION EXPENSE

NAME OF CANDIDATE		PAGE
DESCRIPTION OF SHARED EXPENSE		
	Total value of share	ed election expense
	Candidate's portion of share	d election expense*
	Amount paid directly to s	upplier (if applicable)
	Amount of reimbursements given	to other candidate(s)
	Amount of reimbursements received for	rom other candidates
*Note: Remember to include you	ur portion of the shared expense as an elect	ion expense on form 4229 - Summarv of
Election Expenses.	ar portion of the shared expense as an elec-	,
Full names of other candidates	with whom the expense was shared:	
LAST NAME	FIRST NAME	MIDDLE NAME
LAST NAME	FIRST NAME	MIDDLE NAME
LAST NAME	FIRST NAME	MIDDLE NAME
LAST NAME	FIRST NAME	MIDDLE NAME
LAST NAME	FIRST NAME	MIDDLE NAME
LAST NAME	FIRST NAME	MIDDLE NAME
LAST NAME	FIRST NAME	MIDDLE NAME
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LAST NAME	FIRST NAME	MIDDLE NAME
LAST NAME	FIRST NAME	MIDDLE NAME
LAST NAME	FIRST NAME	MIDDLE NAME
LAST NAME	FIRST NAME	MIDDLE NAME
LAST NAME	FIRST NAME	MIDDLE NAME

4233 - TRANSFERS BETWEEN CANDIDATE'S OWN CAMPAIGN ACCOUNTS

LOCAL ELECTIONS CANDIDATE





E OF CANDIDATE (Sercilo	d Robert Warner			PAGE
sfers between candidate'	s own campaign accounts in same jurisdiction			
	PURPOSE			AMOUNT
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1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
sfers from candidate's ov	vn campaign accounts in other jurisdictions			
DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)			AMOUNT
				<u> </u>
		TOTAL	Α	
sfers to candidate's own	campaign accounts in other jurisdictions	ļ		
ATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)			AMOUNT
			\neg	

4233 - TRANSFERS BETWEEN CANDIDATE'S OWN CAMPAIGN ACCOUNTS



LOCAL ELECTIONS CANDIDATE

	PLEASE PRINT IN BLOCK LETTERS	
E OF CANDIDATE		PAGE OF
nsfers between cal	didate's own campaign accounts in same jurisdiction	
	PURPOSE	AMOUNT
	ate's own campaign accounts in other jurisdictions	AMOUNT
DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)	AMOUNT
	TOTAL	А
nsfers to candidat	e's own campaign accounts in other jurisdictions	
DATE OF TRANSFER	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)	AMOUNT
(YYYY/MM/DD)		
	TOTAL	Q i

4234 - DISBURSEMENT OF SURPLUS FUNDS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE		
	GERALD ROBERT WARNER	
	Balance remaining in campaign account(s) after payment of all expenses	-533, 42 A
	Total amount of campaign contributions from candidate	533.42 B
Amount reimbursed to can	didate from campaign account for the candidate's contributions to their campaign	533, 42 c
	Date of reimbursement to candidate (YYYY/MM/DD)	2014/12/11
	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 i	s less than \$500 provide details of how it was disbursed.	
DATE (YYYY/MM/DD)	DESCRIPTION	AMOUNT

4234 - DISBURSEMENT OF SURPLUS FUNDS

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

SEE AMENDMENT

NAME OF CANDIDATE	GERALD ROBERT WARNER	
	Balance remaining in campaign account(s) after payment of all expenses	-533.42 A
	Total amount of campaign contributions from candidate	533.42 B
Amount reimbursed to can	didate from campaign account for the candidate's contributions to their campaign	533, 42 C
	Date of reimbursement to candidate (YYYY/MM/DD)	2014/12/11
	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 i	s less than \$500 provide details of how it was disbursed.	
DATE (YYYY/MM/DD)	DESCRIPTION	AMOUNT
		3

4235 - FREE ADVERTISING FROM JURISDICTION LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE GERALD ROBERT WARNER							
Free advertising provided by jurisdiction							
DATE ADVERTISING WAS TRANSMITTED (YYYY/MM/DD)	JURISDICTION	MEANS OF TRANSMISSION (WEBSITE, FLYER, ETC.)					
2014/10/15	CITY OF CRANBROOK	CITY'S WEBSITE					
2014/11/14	CITY OF CRANBROOK	:NEWS PAPER PROFILES					
Unsure exact day alred Lend of Oct /4 approxx)	CITY OF CRANBROOK	-CBC-RADIO					
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		·					
		-					

4235 - FREE ADVERTISING FROM JURISDICTION LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS SEE AMENDMENT

NAME OF CANDIDATE						
NAME OF CANDIDATE	GERALD. ROBE	RT WARNER				
Free advertising provided by jurisdiction						
DATE ADVERTISING WAS TRANSMITTED (YYYY/MM/DD)	JURISDICTION	MEANS OF TRANSMISSION (WEBSITE, FLYER, ETC.)				
2014/10/15	CITY OF CRANBROOK	CITY'S WEBSITE				
2014/10/15 2014/11/14	CITY OF CRANBROOK	CRANBROOK DAILY TOWNSMAN NEWSPAPER PROFILES				
Un sure exact day aired (end of Oct/4 approx.)	CITY OF CRANBROOK	CBC RADIO				
•						
	·					

4236 - PREVIOUS FINANCIAL AGENTS LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

		<u> </u>	
NAME OF CANDIDATE Geralal	Robert	Warn	Con para
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)	_,		Orang A
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		<u> </u>	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)
		·	

NA

4236 - PREVIOUS FINANCIAL AGENTS LOCAL ELECTIONS CANDIDATE AMENDMENT ELECTIONS Anon-partisan Office of the Legislature

PLEASE PRIN	T IN BLOCK LETTERS	N/A	
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	(00)		
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 GODE	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)