

4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

Amendment # _____

CANDIDATE'S FULL NAME KRISTINE DAWN KETTER		GENERAL VOTING DAY (YYYY/MM/DD) 2014 / 11 / 15
BALLOT NAME (IF DIFFERENT FROM ABOVE) KRISTINE KETTER		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) SCHOOL TRUSTEE
MAILING ADDRESS 20735-90 AVENUE		PHONE NO. 604-888-3224
CITY/TOWN LANGLEY BC	POSTAL CODE V1M 1ZN4	EMAIL (IF AVAILABLE) KRISTINE.KETTER@shaw.ca
JURISDICTION BOARD OF EDUCATION Langley School District # 35		
ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELECTORAL AREA (IF APPLICABLE) LANGLEY SCHOOL DISTRICT #35 Township of Langley		
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE) /		
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE) /		

FINANCIAL AGENT'S LAST NAME KETTER	FIRST NAME KRISTINE	MIDDLE NAME DAWN
FINANCIAL AGENT'S MAILING ADDRESS 20735-90 AVENUE		PHONE NO. 604-888-3224
CITY/TOWN LANGLEY BC	POSTAL CODE V1M 1ZN4	EMAIL (IF AVAILABLE) KRISTINE.KETTER@SHAW.CA
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD) 2014 / 10 / 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"/>

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4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT

LOCAL ELECTIONS CANDIDATE



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Amendment # _____

CANDIDATE'S FULL NAME KRISTINE DAWN KETTER		GENERAL VOTING DAY (YYYY/MM/DD) 2014/11/15
BALLOT NAME (IF DIFFERENT FROM ABOVE) KRISTINE KETTER		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) SCHOOL TRUSTEE
MAILING ADDRESS 20735-90 AVENUE		PHONE NO. 604-888-3224
CITY/TOWN LANGLEY BC	POSTAL CODE V1M 2N4	EMAIL (IF AVAILABLE) KRISTINE.KETTER@shaw.ca
JURISDICTION BOARD OF EDUCATION		
ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELECTORAL AREA (IF APPLICABLE) LANGLEY SCHOOL DISTRICT #35		
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE) /		
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE) /		

FINANCIAL AGENT'S LAST NAME KETTER	FIRST NAME KRISTINE	MIDDLE NAME DAWN
FINANCIAL AGENT'S MAILING ADDRESS 20735-90 AVENUE		PHONE NO. 604-888-3224
CITY/TOWN LANGLEY BC	POSTAL CODE V1M 2N4	EMAIL (IF AVAILABLE) KRISTINE.KETTER@shaw.ca
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD) 2014/10/01	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"/> |
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4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE KRISTINE KETTER	
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 <i>Local Elections Campaign Financing Act (LECFA)</i> .	
SIGNATURE OF CANDIDATE [Signature]	DATE: (YYYY/MM/DD) 2015/02/13
PRINTED NAME OF CANDIDATE KD KETTER	
SIGNATURE OF FINANCIAL AGENT [Signature]	DATE: (YYYY/MM/DD) 2015/02/13
PRINTED NAME OF FINANCIAL AGENT KD KETTER	
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

KRISTINE KETTER

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

4222 - STATEMENT OF INCOME AND EXPENSES

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE

KRISTINE KETTER

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

SEE AMENDMENT

4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE **KRISTINE KETTER**

All Contributions	
Individuals	4442.52
Corporations	
Unincorporated Business/Commercial Organizations	
Trade Unions	
Non-profit Organizations	
Other Identifiable Contributors	
Total	\$4442.52 0 A

Anonymous contributions \$ ~~0~~ B

Total contributions (A + B) \$ 4442.52 ~~0~~ C

Total significant contributions (must equal box A on all forms 4224) \$ 4442.52 ~~0~~

Total contributions of less than \$100 \$ ~~0~~

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

Number of anonymous contributors # ~~0~~

4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

KRISTINE KETTER

SEE AMENDMENT

All Contributions

Individuals	
Corporations	
Unincorporated Business/Commercial Organizations	
Trade Unions	
Non-profit Organizations	
Other Identifiable Contributors	
Total	\$ <input type="text" value="0"/> A

Anonymous contributions \$ B

Total contributions (A + B) \$ 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 KRISTINE KETTER

PAGE 1 OF 1

Table with 5 columns: 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), GLASS*, VALUE OF CONTRIBUTION. Row 1 contains handwritten data: 2014/11/15, KRISTINE KETTER, [blank], 1, 4442.52.

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 [Handwritten mark]

4442.52

4224 - SIGNIFICANT CONTRIBUTORS (\$100 OR MORE)

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE KRISTINE KETTER

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

SEE AMENDMENT

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**

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4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE <div style="font-size: 1.5em; font-family: cursive;">KRISTINE KETTER</div>	PAGE <input style="width: 40px;" type="text"/> OF <input style="width: 40px;" type="text"/>
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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 KRISTINE KETTER

PAGE 1
OF 1

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 0

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



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NAME OF CANDIDATE KRISTINE KETTER

PAGE 1
OF 1

DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AMOUNT
TOTAL			A <u> </u>

*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)

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4228 - FUNDRAISING FUNCTION TICKET SALES

LOCAL ELECTIONS CANDIDATE

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SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD



NAME OF CANDIDATE KRISTINE KETTER		PAGE <input type="text"/>
		OF <input 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 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				

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 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

KRISTINE KETTER

ADVERTISING

	Column A Election Expenses	Column B Election Proceedings Period Expenses
Brochures, pamphlets and flyers	1458.84	1458.84
Internet	148.51	148.51
Newspaper, magazine, journal	942.79	942.79
Radio	-	-
Signs and billboards	1444.92	1444.92
Television	-	-
Other advertising	-	-

CAMPAIGN ADMINISTRATION

Salaries and wages	-	
Rent, insurance and utilities	-	
Courier and postage	403.39	403.39
Furniture and equipment	-	
Office supplies	44.07	44.07
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	4442.52	B	4442.52
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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.

4230 - TRANSFERS GIVEN TO ELECTOR ORGANIZATION

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE KRISTINE KETTER

PAGE

OF

Table with 4 columns: DATE OF TRANSFER (YYYY/MM/DD), BALLOT NAME OF ELECTOR ORGANIZATION*, DESCRIPTION (IF NON-MONETARY), VALUE OF TRANSFER. The table contains 14 empty rows.

*Also include legal name if different than ballot name.

TOTAL

A

0

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



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NAME OF CANDIDATE KRISTINE KETTER

PAGE
OF

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

TOTAL A

- * TYPE:
- B – Bank fees
- 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

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SUBMIT A SEPARATE FORM FOR EACH SHARED ELECTION EXPENSE

NAME OF CANDIDATE

KRISTINE KETTER

PAGE

OF

DESCRIPTION OF SHARED EXPENSE

NONE

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

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NAME OF CANDIDATE KRISTINE KETTER

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 <input checked="" type="checkbox"/>

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 <input checked="" type="checkbox"/>

The amounts in boxes A and B must be carried forward to form 4222.

4234 - DISBURSEMENT OF SURPLUS FUNDS

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE

KRISTINE KETER

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

4235 - FREE ADVERTISING FROM JURISDICTION

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE

KRISTINE KETTER

Free advertising provided by jurisdiction

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

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4236 - PREVIOUS FINANCIAL AGENTS

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE KRISTINE KETTER			
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)			
FINANCIAL AGENT'S LAST NAME		FIRST NAME	MIDDLE NAME
NOVE			
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)