4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN B	LOCK LETTERS		Amendment #
CANDIDATE'S FULL NAME CAROLINE MAI BALLOT NAME (IF DIFFERENT FROM ABOVE) CAROL GRAN MAILING ADDRESS			GENERAL VOTING DAY (YYYY/MM/DD) OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) ON ONCILLOR PHONE NO.
MAILING ADDRESS 104-20145-556 CITY/TOWN LANGLEY CITY	1 anc	POSTAL CODE	EMAIL (IF AVAILABLE) CJGRAND SAPW. CA
JURISDICTION LANCLEY CA ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELEC	CTORAL AREA (IF APPLIC		
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION	· .		
FINANCIAL AGENT'S LAST NAME F	FIRST NAME		MIDDLE 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 financi	al agents, complete form 4236.
Tick if candidate acted as their own financia	l agent	Tick if candidate v	vas registered as a third party sponsor
This disclosure statement includes the following f	. /	Summa	ry of Election Expenses – Form 4229
Statement of Income and Expenses		,	to Elector Organization - Form 4230
Summary of Campaign Contributions by Class -	/	Othe	Permissible Payments - Form 4231
Significant Contributors (\$100 or more) -	- Form 4224 📈	Sł	nared Election Expense - Form 4232
Prohibited Campaign Contributions -	Form 4225	Transfers Between Car	didate's Own Accounts - Form 4233
Transfers Received from Elector Organization -	Form 4226	Disburse	ment of Surplus Funds - Form 4234
Other Permissible Deposits -	Form 4227	Free Adve	rtising from Jurisdiction - Form 4235

Other Permissible Deposits - Form 4227

Fundraising Function Ticket Sales - Form 4228

Previous Financial Agents - Form 4236

4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS	SEE AMEN	DWENT Amendment#
CANDIDATE'S FULL NAME CAROLINE MARY CRA BALLOT NAME (IF DIFFERENT FROM ABOVE) CAROL GRAW MAILING ADDRESS 104-20145-55Aaw CITY/TOWN		GENERAL VOTING DAY (YYYY/MM/DD) OR/27/6 OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) COUNCILLOR PHONE NO. (604) 427-4868 EMAIL (IF AVAILABLE) CJGRANGO SHAW. CA
JURISDICTION KANGLEY CITY ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELECTORAL AREA/(IF APPLI		
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE) LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)		
FINANCIAL AGENT'S LAST NAME FIRST NAME		MIDDLE NAME
FINANCIAL AGENT'S MAILING ADDRESS		PHONE NO.
CITY / TOWN	POSTAL CODE	EMAIL (IF AVAILABLE)
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD) If there	e were previous financi	al agents, complete form 4236.
Tick if candidate acted as their own financial agent	Tick if candidate w	vas registered as a third party sponsor
This disclosure statement includes the following forms:		
Declarations and Campaign Accounts - Form 4221	Summai	y of Election Expenses - Form 4229
Statement of Income and Expenses – Form 4222	Transfers Given	to Elector Organization - Form 4230
Summary of Campaign Contributions by Class – Form 4223	Other	Permissible Payments - Form 4231
Significant Contributors (\$100 or more) - Form 4224	Sh	ared Election Expense - Form 4232
Prohibited Campaign Contributions – Form 4225	Transfers Between Can	didate's Own Accounts - Form 4233
Transfers Received from Elector Organization - Form 4226	Disburse	ment of Surplus Funds - Form 4234

Other Permissible Deposits - Form 4227

Fundraising Function Ticket Sales - Form 4228

Previous Financial Agents - Form 4236

Free Advertising from Jurisdiction - Form 4235

4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE CAROL BRAN	
Declaration:	
I, the undersigned, declare that to the best of my knowledge and belief, this disclosure statement completely and ac required under the Local Elections Campaign Financing Act (LECFA).	ccurately discloses the information
SIGNATURE OF CANDIDATE	DATE: (YYYY/MM/DD)
SIGNATURE OF CANDIDATE	16/03/08
PRINTED NAME OF CANDIDATE	
CAROL GRAN	
	DATE: (YYYY/MM/DD)
SIGNATURE OF FINANCIAL AGENT	DATE. (TTTT/WWW.DD)
PRINTED NAME OF FINANCIAL AGENT	
Campaign accounts:	
NAME OF SAVINGS INSTITUTION	
HSBC	
ADDRESS	na, B.C., VIY 6NS
NAME OF SAVINGS INSTITUTION	
ADDRESS	
NAME OF SAVINGS INSTITUTION .	La constant de la con
ADDRESS	
NAME OF SAVINGS INSTITUTION	
ADDRESS	
YPPI/IFOG	

4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

SEE AMENDIMENT

NAME OF CANDIDATE CAROL BRAN	
Declaration:	
I, the undersigned, declare that to the best of my knowledge and belief, this disclosure statement correquired under the Local Elections Campaign Financing Act (LECFA).	mpletely and accurately discloses the information
SIGNATURE OF CANDIDATE	DATE: (YYYY/MM/DD) 16/03/08
PRINTED NAME OF CANDIDATE CAROL GRAN	
SIGNATURE OF FINANCIAL AGENT	DATE: (YYYY/MM/DD)
PRINTED NAME OF FINANCIAL AGENT	
Campaign accounts:	
NAME OF SAVINGS INSTITUTION #58C	
ADDRESS LANGLEY B.C	
NAME OF SAVINGS INSTITUTION	
ADDRESS	
NAME OF SAVINGS INSTITUTION	
ADDRESS	
NAME OF SAVINGS INSTITUTION	
ADDRESS	

4222 - STATEMENT OF INCOME AND EXPENSES LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE CAROL GRAW	
Total value of campaign contributions from all sources (from box C on form 4223)	2261,94
Transfers received from elector organization (from box A on form 4226)	
Total other permissible deposits (from box A on form 4227)	2254
Transfers from candidate's own accounts in other jurisdictions (from box A on form 4233)	
Total Income (sum of above boxes)	2261.94 A
Election expenses (from box A on form 4229)	2261.94
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)	2261.94 B

4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE					
	CAROL	QRAN			
				All Contributions	7
			Individua	als 2261,94	
			Corporation	ns	
		Unincorporated Bus	iness/Commercial Organizatio	ns	
			Trade Unio	ns	
		·	Non-profit Organization	ns	
			Other Identifiable Contributo	rs	
			Tol	al \$ 2261.94	Α
				Unit of 17	
			Anonymous contribution	ns \$	В
			Total contributions (A +	B) \$2261. 94	С
	Total significa	ant contributions (mus	st equal box A on all forms 422	4) \$ 2261.94	
					1
		Tot	al contributions of less than \$10	00 \$]
		Number of cont	ributors who gave less than \$10	00 #	
					1
		Nι	imber of anonymous contributo	rs #	

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



		C AROL				VALUE OF
DATE OF CONTRIBUTION (YYYY/MM/DD)	FULL NAME (For class 2 full names	OF CONTRIBUTOR , 3, 4, 5 & 6, include s of two directors)		ADDRESS OF CONTRIBUTOR (For class 2, 3, 4, 5 & 6 only)	CLASS*	CONTRIBUTION
16/03/08	CAROL	BRPN	1		/	2261.94
			(v <u> </u>			
		-				
		·.				
	· ·				-	
					1	
EDED, ATTACH ADDI	TIONAL FORMS			MMERCIAL ORGANIZATION CONTR	TOTAL	A2261.9

4229 - SUMMARY OF ELECTION EXPENSES LOCAL ELECTIONS CANDIDATE



	Column A	Column B
ADVERTISING	Election Expenses	Election Proceedings Period Expenses
Brochures, pamphlets and flyers	7	836.00
Internet	836.00	
Newspaper, magazine, journal		
Radio		
Signs and billboards	858.56	858.50
Television		
Other advertising		
AMPAIGN ADMINISTRATION		
Salaries and wages		
Rent, insurance and utilities		
Courier and postage	567.38	567.38
Furniture and equipment		
Office supplies		
Professional services		
Other campaign administration expenses		
Conventions and meetings		/
Other campaign related functions		
Research and polling		
Interest		
CCLUSIONS THAT MUST BE REPORTED		T ** * * * * * * * * * * * * * * * * *
Personal election expenses		
Interest on loans for election expenses		
Legal and accounting services		
Financial agent services		- No. 11 1168 hand 112 122
her expenses (describe)		
		·
Total Expenses A	2261.94	в 2261.99
	_	

4234 - DISBURSEMENT OF SURPLUS FUNDS LOCAL ELECTIONS CANDIDATE



Total amount of campaign contributions from candidate Amount reimbursed to candidate from campaign account for the candidate's contributions to their campaign Date of reimbursement to candidate (YYYY/MM/DD)	NAME OF CANDIDATE	CAROL BRAY	
Total amount of campaign contributions from candidate 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.			
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. OATE (YYYY/MM/DD) DESCRIPTION AMOUNT		Balance remaining in campaign account(s) after payment of all expenses	A
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. DATE (YYYY/MM/DD) DESCRIPTION AMOUNT		Total amount of campaign contributions from candidate	2261.94 B
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. DATE (YYYY/MM/DD) DESCRIPTION AMOUNT	Amount reimbursed to c	andidate from campaign account for the candidate's contributions to their campaign	С
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		Date of reimbursement to candidate (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		Amount of remaining surplus funds (after any reimbursement under box C)	D
DATE (YYYY/MM/DD) DESCRIPTION AMOUNT	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