

4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT

LOCAL ELECTIONS CANDIDATE



ELECTIONS BC

A non-partisan Office of the Legislature

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Amendment # _____

CANDIDATE'S FULL NAME <i>Patricia A. Kolber</i>		GENERAL VOTING DAY (YYYY/MM/DD) <i>2016/07/19</i>	
BALLOT NAME (IF DIFFERENT FROM ABOVE) <i>Trish Kolber</i>		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) <i>Regional School Trustee C.S.F. B.C. / Greater Vancouver Area</i>	
MAILING ADDRESS <i>133 West 41st Ave</i>		PHONE NO. <i>604 632 9956</i>	
CITY / TOWN <i>Vancouver B.C.</i>	POSTAL CODE <i>V5Y 2S2</i>	EMAIL (IF AVAILABLE) <i>TrishKolber@gmail.com</i>	
JURISDICTION <i>Greater Vancouver Area C.S.F.</i>			
ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELECTORAL AREA (IF APPLICABLE) <i>Greater Vancouver Area</i>			
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE) <i>Conseil scolaire francophone de la Columbia - Britannique</i>			
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)			

FINANCIAL AGENT'S LAST NAME <i>N/A - Patricia A. Kolber</i>	FIRST NAME <i>Patricia A. Kolber</i>	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 financial agents, complete form 4236.

Tick if candidate acted as their own financial agent Tick if candidate was registered as a third party sponsor

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"/>

4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE <i>Patricia A. Kolber</i>
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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>[Handwritten Signature]</i>	DATE: (YYYY/MM/DD) <i>Sept 11 2016</i>
PRINTED NAME OF CANDIDATE <i>Patricia A. Kolber</i>	<i>2016/09/11</i>

SIGNATURE OF FINANCIAL AGENT <i>N/A Patricia A. Kolber</i>	DATE: (YYYY/MM/DD)
PRINTED NAME OF FINANCIAL AGENT	

Campaign accounts:

NAME OF SAVINGS INSTITUTION <i>VAN CITY</i>
ADDRESS <i>5594 CAMBIE ST, VANCOUVER B.C. V5Z 3Y5</i>

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

Patricia A. Kolber

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

\$ 650.00

Transfers received from elector organization (from box A on form 4226)

0

Total other permissible deposits (from box A on form 4227)

0

Transfers from candidate's own accounts in other jurisdictions (from box A on form 4233)

0

Total Income (sum of above boxes)

\$ 650 A

Election expenses (from box A on form 4229)

\$ 150.00

Transfers to elector organization (from box A on form 4230)

0

Total other permissible payments (from box A on form 4231)

0

Transfers to candidate's own accounts in other jurisdictions (from box B on form 4233)

0

Amount of surplus funds disbursed (from box A on form 4234)

\$ 500

Total Expenditures (sum of above boxes)

\$ 650.00 B

4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

Patricia A. Kolber

All Contributions

Individuals	\$	<i>650.00</i>	
Corporations			
Unincorporated Business/Commercial Organizations			
Trade Unions			
Non-profit Organizations			
Other Identifiable Contributors			
Total	\$	<i>650.00</i>	A

Anonymous contributions \$ *0* **B**

Total contributions (A + B) \$ *650.00* **C**

Total significant contributions (must equal box A on all forms 4224) \$ *650.00*

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

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

Number of anonymous contributors # *0*

4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE <i>Patricia A. Kolber</i>	PAGE <u>1</u> OF <u>1</u>
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

N/A

4228 - FUNDRAISING FUNCTION TICKET SALES

LOCAL ELECTIONS CANDIDATE

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SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD



NAME OF CANDIDATE <i>Patricia A. Kolbén</i>	PAGE <input type="text"/>
	OF <input type="text"/>

DATE OF EVENT (YYYY/MM/DD)	DESCRIPTION OF FUNDRAISING EVENT
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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			<input 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 type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

N/A

4229 - SUMMARY OF ELECTION EXPENSES

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE
Patricia A. Kolber

ADVERTISING		Column A	Column B
		Election Expenses	Election Proceedings Period Expenses
	Brochures, pamphlets and flyers	\$ 150.00	0
	Internet		
	Newspaper, magazine, journal		
	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)	0	0
Total Expenses		A \$ 150.00	B 0

Column A - Report the value of all election expenses for goods and services used in the campaign period.

Column B - Report the value of all election expenses for goods and services used in the election proceedings period.

**4233 - TRANSFERS BETWEEN CANDIDATE'S
OWN CAMPAIGN ACCOUNTS
LOCAL ELECTIONS CANDIDATE**



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NAME OF CANDIDATE
Patricia A. Kolber

PAGE *1*
OF *1*

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
<i>N/A</i>		
TOTAL		A <i>0</i>

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 <i>0</i>

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
PATRICIA A KOLBER

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
	N/A	

4236 - PREVIOUS FINANCIAL AGENTS
LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE <i>Patricia A. Kolber</i>			
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)

2/1/11