

# 4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT

## LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

Amendment # \_\_\_\_\_

CANDIDATE'S FULL NAME <i>Patricia A. Kolber</i>		GENERAL VOTING DAY (YYYY/MM/DD) <i>2016/07/20</i>
BALLOT NAME (IF DIFFERENT FROM ABOVE) <i>Trish Kolber</i>		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) <i>Regional School Trustee</i>
MAILING ADDRESS <i>133 West 41st Ave</i>		PHONE NO. <i>778-846-9008</i> <del><i>604-632-9956</i></del>
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. (SD 93)</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 NIA</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"/>                  |

**4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT**

**LOCAL ELECTIONS CANDIDATE**



**ELECTIONS BC**

A non-partisan Office of the Legislature

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SEE AMENDMENT

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</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>V5V 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:

- |  |  |
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| 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  
*Patricia A. Kolber*

**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>Patricia A. Kolber</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  
*VAN CITY*

ADDRESS  
*5594 CAMBIE ST, VANCOUVER B.C. V5Z 3Y5*

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**



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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>	<b>A</b>

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>
<b>INSTRUCTIONS: Complete one sheet for each prohibited campaign contribution received.                  Attach additional forms if necessary.</b>	

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. Kolbév</i>		PAGE <input style="width: 30px;" type="text"/>
DATE OF EVENT (YYYY/MM/DD)		OF <input style="width: 30px;" type="text"/>
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="checkbox"/>
Purchases by individuals of more than \$250 worth of tickets				<input type="checkbox"/>
Purchases by individuals of tickets that are more than \$50 each				<input type="checkbox"/>
Total income reported as campaign contributions				<input type="checkbox"/>

**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="checkbox"/>

*N/A*

# 4229 - SUMMARY OF ELECTION EXPENSES

## LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE

*Patricia A. Kolber*

Column A

Column B

Election Expenses

Election Proceedings Period Expenses

**ADVERTISING**

- Brochures, pamphlets and flyers
- Internet
- Newspaper, magazine, journal
- Radio
- Signs and billboards
- Television
- Other advertising

\$ 150.00

150.00 <del>0</del>

**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)

<del>0</del>
--------------

<del>0</del>
--------------

**Total Expenses**

A	\$ 150.00
---	-----------

B	150.00 <del>0</del>
---	------------------------

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.

# 4229 - SUMMARY OF ELECTION EXPENSES

## LOCAL ELECTIONS CANDIDATE



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SEE AMENDMENT

NAME OF CANDIDATE

Patricia A. Kolber

Column A

Column B

Election Expenses

Election Proceedings Period Expenses

**ADVERTISING**

- Brochures, pamphlets and flyers
- Internet
- Newspaper, magazine, journal
- Radio
- Signs and billboards
- Television
- Other advertising

\$ 150.00

0

**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.

4230 - TRANSFERS GIVEN TO ELECTOR ORGANIZATION

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE  
*Patricia A. Kolbel*

PAGE *1*  
 OF *1*

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

*N/A*

\*Also include legal name if different than ballot name.

TOTAL *A* *0*

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



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NAME OF CANDIDATE  
Patricia A. Kolbér

PAGE 1

OF 1

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

N/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)

TOTAL A 

# 4232 - SHARED ELECTION EXPENSE

## LOCAL ELECTIONS CANDIDATE

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SUBMIT A SEPARATE FORM FOR EACH SHARED ELECTION EXPENSE

NAME OF CANDIDATE

*Patricia A. Kolber*

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

*N/A*

**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		<b>A</b> <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>B</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**



PLEASE PRINT IN BLOCK LETTERS

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)