

4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT
LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

Amendment # _____

CANDIDATE'S FULL NAME GERALD KENYON WATSON		GENERAL VOTING DAY (YYYY/MM/DD) 2017/10/30	
BALLOT NAME (IF DIFFERENT FROM ABOVE)		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) Councillor	
MAILING ADDRESS 545 Braemar Drive, Kamloops		PHONE NO. 250-372-8803	
CITY / TOWN Kamloops	POSTAL CODE V1S 1H8	EMAIL (IF AVAILABLE) gwe@watsonhaines.ca	
JURISDICTION City of Kamloops			
ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELECTORAL AREA (IF APPLICABLE)			
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 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 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 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 type="checkbox"/> | Disbursement of Surplus Funds – Form 4234 <input checked="" type="checkbox"/> |
| Other Permissible Deposits – Form 4227 <input type="checkbox"/> | Free Advertising from Jurisdiction – Form 4235 <input type="checkbox"/> |
| Fundraising Function Ticket Sales – Form 4228 <input type="checkbox"/> | Previous Financial Agents – Form 4236 <input type="checkbox"/> |

This form is available for public inspection.
ORIGINAL — ELECTIONS BC
 PLEASE KEEP A COPY FOR YOUR RECORDS

The information on this form is collected under the authority of the Local Elections Campaign Financing Act and the Freedom of Information and Protection of Privacy Act. It will be used to administer campaign financing rules. If you have questions about the collection, use or disclosure of this information, contact the Elections BC Privacy Officer at 1-800-661-8683, electionsbo@elections.bc.ca or PO Box 9275 Stn Prov Govt Victoria, BC V8W 9J6.

4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS
LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE GERALD KENYON WATSON	
<p>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>.</p>	
SIGNATURE OF CANDIDATE <i>Gerald Kenyon Watson</i>	DATE: (YYYY/MM/DD) 2017/12/06
PRINTED NAME OF CANDIDATE GERALD KENYON WATSON	
SIGNATURE OF FINANCIAL AGENT	DATE: (YYYY/MM/DD)
PRINTED NAME OF FINANCIAL AGENT	
<p>Campaign accounts:</p>	
NAME OF SAVINGS INSTITUTION Royal Bank of Canada	
ADDRESS 186 Victoria Street, KAMLOOPS, B.C. V2C 5R3	
NAME OF SAVINGS INSTITUTION	
ADDRESS	
NAME OF SAVINGS INSTITUTION	
ADDRESS	
NAME OF SAVINGS INSTITUTION	
ADDRESS	

4222 - STATEMENT OF INCOME AND EXPENSES
LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

GERALD KENYON WATSON

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

GW

4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

GERALD KENYON WATSON

All Contributions

Individuals	5010	
Corporations	1457.36	
Unincorporated Business/Commercial Organizations	Ø	
Trade Unions	Ø	
Non-profit Organizations	Ø	
Other Identifiable Contributors	Ø	
Total	\$ 6464.36	A

Anonymous contributions \$ Ø **B**

Total contributions (A + B) \$ 6464.36 **C**

Total significant contributions (must equal box A on all forms 4224) \$ 6464.36

Total contributions of less than \$100 \$ Ø

Number of contributors who gave less than \$100 # Ø

Number of anonymous contributors # Ø

4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE <div style="text-align: center; font-size: 1.2em; font-family: cursive;">GERALD KENYON WATSON</div>	PAGE <input style="width: 20px;" type="text"/> OF <input style="width: 20px;" type="text"/>
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

4229 - SUMMARY OF ELECTION EXPENSES
LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

GERALD KENYON WATSON

ADVERTISING

	Column A Election Expenses	Column B Election Proceedings Period Expenses
Brochures, pamphlets and flyers	0	
Internet	0	
Newspaper, magazine, journal	951.83	
Radio	0	
Signs and billboards	0	
Television	0	
Other advertising	502.53	

CAMPAIGN ADMINISTRATION

Salaries and wages	0	
Rent, insurance and utilities	0	
Courier and postage	0	
Furniture and equipment	0	
Office supplies	0	
Professional services	0	
Other campaign administration expenses	0	
Conventions and meetings	10.00	
Other campaign related functions	0	
Research and polling	0	
Interest	0	

EXCLUSIONS THAT MUST BE REPORTED

Personal election expenses	0	
Interest on loans for election expenses	0	
Legal and accounting services	0	
Financial agent services	0	
Other expenses (describe)	0	

Total Expenses

A	1464.36	B	
----------	---------	----------	--

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**



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE
GERALD KENYON WATSON

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
TOTAL		A

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

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

