

4300 - DISCLOSURE STATEMENT COVER PAGE

LOCAL ELECTIONS CANDIDATE



Amendment # _____

GENERAL VOTING DAY (YYYY/MM/DD)			
CANDIDATE'S FULL NAME			BALLOT NAME (IF DIFFERENT)
CANDIDATE'S MAILING ADDRESS			PHONE NO.
CITY/TOWN	PROV.	POSTAL CODE	EMAIL (IF AVAILABLE)
JURISDICTION			OFFICE SOUGHT
ELECTION AREA			
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)			
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF DIFFERENT)			
<input type="checkbox"/> Tick if candidate is their own financial agent		<input type="checkbox"/> Tick if candidate was also a third party sponsor	
FINANCIAL AGENT'S FULL NAME (IF NOT ACTING AS OWN)			EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)
FINANCIAL AGENT'S MAILING ADDRESS			PHONE NO.
CITY/TOWN	PROV.	POSTAL CODE	EMAIL (IF AVAILABLE)
ZERO CAMPAIGN ACTIVITY			<input type="checkbox"/> Tick if candidate had zero campaign activity
Candidates with zero campaign activity may file this form only. If any of the conditions are not met , file other forms applicable to the campaign.			
1. No income or deposits, including funds from the candidate, contributions, donations, gifts, loans, funds from previous elections, transfers, etc.			
2. No expenses, including signs reused from previous elections, campaign account fees, etc.			
3. Did not have a campaign account.			
4. Did not change financial agents during this election.			
5. Did not receive any free election advertising from their jurisdiction (see Form 4312 for description).			
NOTE - ENDORSED CANDIDATES MUST ALSO INCLUDE A COPY OF THEIR CAMPAIGN FINANCING ARRANGEMENT.			
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</i> .			
SIGNATURE OF CANDIDATE		SIGNATURE OF FINANCIAL AGENT	
DATE (YYYY/MM/DD)		DATE (YYYY/MM/DD)	
WARNING: Signing a false declaration is a serious offence and is subject to significant penalties.			