

## DISCLOSURE STATEMENT COVER PAGE

**4300** (22/02)

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

				G	ENERAL VOTING DAY (YYYY/MM/DD)
CANDIDATE'S FULL NAME			BALLOT NAME (IF DIFFERENT)		
CANDIDATE'S MAILING ADDRESS				PHONE NUMBER	
CITY/TOWN	PROV.	POSTAL	CODE	EMAIL (IF AVAILABLE)	
			OFFICE SOUGHT		
ELECTION AREA					
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)					
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF DIFFERENT)					
Tick if candidate is their own financial agent 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 NUMBER	
CITY/TOWN	PROV.	POSTAL	CODE	EMAIL (IF AVAILABLE)	
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.					
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 Local Elections Campaign Financing Act.					
IGNATURE OF CANDIDATE SIGNATU			JRE OF FINANCIAL AGENT		
DATE (YYYY/MM/DD)			DATE (YY	DATE (YYYY/MM/DD)	

WARNING: Signing a false declaration is a serious offence and is subject to significant penalties.

## Please submit your report to Elections BC: electoral.finance@elections.bc.ca