4300 - DISCLOSURE STATEMENT COVER PAGE LOCAL ELECTIONS CANDIDATE



Amendment # _____

					GENERALVOTING DAY (YYYY/MM/DD) 2021/09/25
CANDIDATE'S FULL NAME				BALLOT NAME (IF DIFFERENT)	
Thomas Edward Norton				Tom Norton	
CANDIDATE'S MAILING ADDRESS				PHONE NO.	
3751 Lethbridge Drive				604-853-7708	
CITY/TOWN	PROV.	POSTAL		EMAIL (IF AVAILABLE)	
Abbotsford	BC	V3G	1J5	tomnorton.hyperfit@	telus.net
JURISDICTION				OFFICE SOUGHT	
Abbotsford				Councillor	
ELECTION AREA					
Abbotsford					
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE) . LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF DIFFERENT)					
Tick if candidate is their own financial agent					
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	ODE	EMAIL (IF AVAILABLE)	
ZERO CAMPAIGN ACTIVITY	1	1 1		1	
 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. No income or deposits, including funds from the candidate, contributions, donations, gifts, loans, funds from previous elections, transfers, etc. No expenses, including signs reused from previous elections, campaign account fees, etc. Did not have a campaign account. Did not change financial agents during this election. Did not receive any free election advertising from their jurisdiction (see Form 4312 for description). 					
NOTE-ENDORSED CANDIDATES MUSTALS	OINCL	UDEAC	OPYC	FTHEIRCAMPAIGN	FINANCINGARRANGEMENT.
DECLARATION: I, the undersigned, declare that to the best of my knowledge required under the Local Elections Campaign Financing A		elief, this d	isclosure	statement completely and	accurately discloses the information
SIGNATURE OF CANDIDATE			SIGNATURE OF FINANCIAL AGENT		
DATE (YYYY/MM/DD) D. 2021/09/27			DATE (YYYY/MM/DD)		
WARNING: Signing a false declaration is a serious offence	e and is	subject to	significar	nt penalties.	

(20/03)