

Amendment # _____

GENERAL VOTING DAY (YYYY/MM/DD)
2022/10/15

CANDIDATE'S FULL NAME <i>Robert Johnson</i>			BALLOT NAME (IF DIFFERENT)		
CANDIDATE'S MAILING ADDRESS <i>1731 36th St NE</i>			PHONE NUMBER <i>250-804-8286</i>		
CITY/TOWN <i>Salmon Arm</i>	PROV. <i>BC</i>	POSTAL CODE <i>V1E 2Z1</i>	EMAIL (IF AVAILABLE) <i>rdj@nelberta.ca</i>		

JURISDICTION <i>Salmon Arm</i>	OFFICE SOUGHT <i>Councillor</i>
ELECTION AREA <i>Salmon Arm</i>	

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.

- 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.

Tick if candidate had zero campaign activity

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*.

SIGNATURE OF CANDIDATE <i>[Signature]</i>	SIGNATURE OF FINANCIAL AGENT
DATE (YYYY/MM/DD) <i>2022/12/16</i>	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

CAMPAIGN FINANCING SUMMARY
LOCAL ELECTIONS CANDIDATE

NAME OF CANDIDATE <i>Robert Johnson</i>
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INCOME	
Value of campaign contributions from all sources (box A, Form 4302)	499.01
Amount of all permissible loans received (box B, Form 4304)	Ø
Other income and transfers received (box A, Form 4305)	Ø
TOTAL INCOME (sum of above boxes)	499.01
EXPENSES	
Election period expenses (box A, Form 4307)	499.01 Ø
Campaign period expenses (box B, Form 4307)	499.01
Election period expenses not subject to limits (box D, Form 4307)	Ø
Campaign period expenses not subject to limits (box E, Form 4307)	Ø
Other expenses and transfers given (box A, Form 4309)	Ø
Balance remaining in campaign account(s) after payment of all expenses (box A, Form 4311)	Ø
TOTAL EXPENSES (sum of above boxes)	499.01

Campaign Account(s)	
NAME OF SAVINGS INSTITUTION	
ADDRESS	
NAME OF SAVINGS INSTITUTION	
ADDRESS	

SUMMARY OF CAMPAIGN CONTRIBUTIONS
LOCAL ELECTIONS CANDIDATE

NAME OF CANDIDATE

Robert Johnson

Campaign contributions include monetary and in-kind contributions.

Campaign contributions from the candidate must be reported in the same way as contributions from other sources.

Do not include anonymous contributions with contributions less than \$100.

Number of contributors who gave less than \$100

#

Total contributions of less than \$100

\$

Number of anonymous contributors

#

Anonymous contributions

\$

Total value of contributions of \$100 or more (box A, Form 4303)

\$

TOTAL CONTRIBUTIONS

\$ **A**

CAMPAIGN CONTRIBUTIONS WITH A TOTAL VALUE OF \$100 OR MORE
LOCAL ELECTIONS CANDIDATE

NAME OF CANDIDATE <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Robert Johnson</div>	PAGE <input style="width: 30px; height: 15px;" type="text"/> OF <input style="width: 30px; height: 15px;" type="text"/>
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Attach additional forms if necessary.

FULL NAME OF CONTRIBUTOR	CONTRIBUTOR'S RESIDENTIAL ADDRESS				DATE RECEIVED (YYYY/MM/DD)	CONTRIBUTION AMOUNT	TOTAL OF CONTRIBUTOR'S CONTRIBUTIONS
	ADDRESS	CITY	PROV.	POSTAL CODE			
Robert Johnson	[REDACTED]				2022/10/01	499.01	499.01
SUBTOTAL OF THIS PAGE							
TOTAL CONTRIBUTIONS FROM ALL FORM(S) 4303						499.01	A

This form is available for public inspection.
Addresses will be obscured.
PLEASE KEEP A COPY FOR YOUR RECORDS

This information is collected under the authority of the Local Elections Campaign Financing Act and the Freedom of Information and Protection of Privacy Act. The information will be used to administer provisions under the Local Elections Campaign Financing Act. Questions can be directed to: Privacy Officer, Elections BC 1-800-661-8653. privacy@elections.bc.ca or PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6.

