

GENERAL VOTING DAY (YYYY/MM/DD)
2018/10/20

CANDIDATE'S FULL NAME William Lee Tate			BALLOT NAME (IF DIFFERENT) William Tate		
CANDIDATE'S MAILING ADDRESS 218 Robert St			PHONE NO. 250-592-3121		
CITY/TOWN Victoria	PROV. BC	POSTAL CODE V9A 3Z2	EMAIL (IF AVAILABLE) wtate222@gmail.com		
JURISDICTION Victoria			OFFICE SOUGHT Councillor		
ELECTION AREA Victoria					

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 NO.		
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. <ol style="list-style-type: none">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).	<input checked="" type="checkbox"/> Tick if candidate had zero campaign activity
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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>William Lee Tate</i>	SIGNATURE OF FINANCIAL AGENT
DATE (YYYY/MM/DD) 2018/10/29	DATE (YYYY/MM/DD)

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