

4300 - DISCLOSURE STATEMENT COVER PAGE
LOCAL ELECTIONS CANDIDATE



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

CANDIDATE'S FULL NAME Craig Patrick Robinson		BALLOT NAME (IF DIFFERENT) Craig Robinson	
CANDIDATE'S MAILING ADDRESS PO Box 905		PHONE NO. 250-865-7169	
CITY/TOWN Elkford	PROV. BC	POSTAL CODE V0B1H0	EMAIL (IF AVAILABLE)

JURISDICTION Elkford	OFFICE SOUGHT Councillor
ELECTION AREA Elkford	

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.

- 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).

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>Craig Robinson</i>	SIGNATURE OF FINANCIAL AGENT
DATE (YYYY/MM/DD) 2018/11/06	DATE (YYYY/MM/DD)

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