

## 4300 - DISCLOSURE STATEMENT COVER PAGE

### LOCAL ELECTIONS CANDIDATE



|   |                    |   |  |
|---|--------------------|---|--|
| GENERAL VOTING DAY (YYYY/MM/DD)<br><b>2018/10/20</b>  |                    |   |  |
| CANDIDATE'S FULL NAME<br><b>MARIA JOHANNA FOSTER</b>  |                    | BALLOT NAME (IF DIFFERENT)  |  |
| CANDIDATE'S MAILING ADDRESS<br><b>842 LEE ST</b>  |                    | PHONE NO.<br><b>604 704 7654</b>  |  |
| CITY/TOWN<br><b>WHITEROCK</b>   | PROV.<br><b>BC</b> | POSTAL CODE<br><b>V4B4N6</b>  | EMAIL (IF AVAILABLE)<br><b>mariavanfoster@gmail.com</b>                          |
| JURISDICTION<br><b>SURRY</b>  |                    | OFFICE SOUGHT<br><b>COUNCILLOR</b>  |  |
| ELECTION AREA<br><b>SURREY</b>  |                    |   |  |
| BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)<br><b>PEOPLE FIRST SURREY</b>   |                    |   |  |
| LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF DIFFERENT)   |                    |   |  |
| <input type="checkbox"/> Tick if candidate is their own financial agent   |                    | <input type="checkbox"/> Tick if candidate was also a third party sponsor |  |
| FINANCIAL AGENT'S FULL NAME (IF NOT ACTING AS OWN)<br><b>MARY THAMPY</b>  |                    | EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)<br><b>2019/09/04</b>           |  |
| FINANCIAL AGENT'S MAILING ADDRESS<br><b>15806 96 AVE, SURREY</b>  |                    | PHONE NO.<br><b>6047838121</b>  |  |
| CITY/TOWN<br><b>SURREY</b>  | PROV.<br><b>BC</b> | POSTAL CODE<br><b>V4N2L6</b>  | EMAIL (IF AVAILABLE)<br><b>thampysusheela@hotmail.com</b>                        |
| <b>ZERO CAMPAIGN ACTIVITY</b>   |                    |   |  |
| Candidates with zero campaign activity may file this form only. If any of the conditions <b>are not met</b> , file other forms applicable to the campaign.  |                    |   |  |
| <ol style="list-style-type: none"> <li>1. No income or deposits, including funds from the candidate, contributions, donations, gifts, loans, funds from previous elections, transfers, etc.</li> <li>2. No expenses, including signs reused from previous elections, campaign account fees, etc.</li> <li>3. Did not have a campaign account.</li> <li>4. Did not change financial agents during this election.</li> <li>5. Did not receive any free election advertising from their jurisdiction (see Form 4312 for description).</li> </ol> |                    |   | <input checked="" type="checkbox"/> Tick if candidate had zero campaign activity |
| <b>NOTE - ENDORSED CANDIDATES MUST ALSO INCLUDE A COPY OF THEIR CAMPAIGN FINANCING ARRANGEMENT.</b>   |                    |   |  |
| <b>DECLARATION:</b>   |                    |   |  |
| 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 <i>Local Elections Campaign Financing Act</i> .   |                    |   |  |
| SIGNATURE OF CANDIDATE<br>  |                    | SIGNATURE OF FINANCIAL AGENT<br>  |  |
| DATE (YYYY/MM/DD)<br><b>2018/12/02</b>  |                    | DATE (YYYY/MM/DD)<br><b>2018/12/02</b>                                    |  |
| <b>WARNING:</b> Signing a false declaration is a serious offence and is subject to significant penalties.   |                    |   |  |

# CAMPAIGN FINANCING ARRANGEMENT



PLEASE PRINT IN BLOCK LETTERS

|  |                                |                                    |
|--|--------------------------------|------------------------------------|
| GENERAL VOTING DAY (YYYY/MM/DD)<br><b>2018/10/20</b>   |                                |                                    |
| <b>SECTION A – CONTACT INFORMATION</b>   |                                |                                    |
| CANDIDATE'S FULL NAME (AND BALLOT NAME, IF DIFFERENT)<br><b>MARIA JOHANNA FOSTER</b>   |                                |                                    |
| CANDIDATE'S FINANCIAL AGENT'S FULL NAME (IF APPLICABLE)<br><b>MARY THAMPY</b>  |                                |                                    |
| CANDIDATE'S ADDRESS FOR SERVICE (MAILING ADDRESS, EMAIL ADDRESS OR FAX NUMBER)<br><b>842 LEE ST</b>  |                                |                                    |
| CITY / TOWN<br><b>WHITE ROCK</b>   | PROVINCE<br><b>BC</b>          | POSTAL CODE<br><b>V4B 4N6</b>      |
| ELECTOR ORGANIZATION'S NAME (AND LEGAL NAME, IF DIFFERENT)<br><b>PEOPLE FIRST SURREY</b>   |                                |                                    |
| ELECTOR ORGANIZATION'S FINANCIAL AGENT'S FULL NAME<br><b>MARY THAMPY</b>   |                                |                                    |
| ELECTOR ORGANIZATION'S FINANCIAL AGENT'S ADDRESS FOR SERVICE (MAILING ADDRESS, EMAIL ADDRESS OR FAX NUMBER)<br><b>15806 96 AVE</b>   |                                |                                    |
| CITY / TOWN<br><b>SURREY</b>   | PROVINCE<br><b>BC</b>          | POSTAL CODE<br><b>V4N 2L6</b>      |
| <b>SECTION B – AMOUNT OF EXPENSE LIMIT AVAILABLE TO THE CANDIDATE AND ELECTOR ORGANIZATION</b>   |                                |                                    |
| <p>Under the <i>Local Elections Campaign Financing Act</i>, endorsed candidates share their expense limit with their elector organization. A candidate's expense limit is based on the election area and the office they intend to run for. Enter the amount of the expense limit available for the candidate and for the elector organization to spend during the campaign period.</p>  |                                |                                    |
| JURISDICTION<br><b>SURREY</b>  | ELECTION AREA<br><b>SURREY</b> | OFFICE SOUGHT<br><b>COUNCILLOR</b> |
| Candidate expense limit:   |                                | \$ 99,825.28 <b>A</b>              |
| Amount available for the candidate to spend:   |                                | \$ 0 <b>B</b>                      |
| Amount available for the elector organization to spend:  |                                | \$ 99,825.28 <b>C</b>              |
| <b>Boxes B + C must equal Box A</b>  |                                |                                    |
| <p>This information is collected under the authority of the <i>Local Elections Campaign Financing Act</i> and the <i>Freedom of Information and Protection of Privacy Act</i>. The information will be used to administer provisions under the <i>Local Elections Campaign Financing Act</i>. Questions can be directed to: <b>Privacy Officer, Elections BC</b> 1-800-661-8683, <a href="mailto:privacy@elections.bc.ca">privacy@elections.bc.ca</a> or PO Box 9275 Stn Prov Govt, Victoria, BC V8W 9J6</p> |                                |                                    |

ORIGINAL — ELECTIONS BC  
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THIS FORM MUST BE FILED WITH ELECTIONS BC  
THIS FORM IS AVAILABLE FOR PUBLIC INSPECTION

PLEASE TURN OVER →

# CAMPAIGN FINANCING ARRANGEMENT




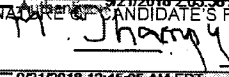

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## SECTION C – REQUIRED NOTIFICATIONS

If either the candidate or the elector organization becomes aware that they have exceeded, or will exceed, the amount of the expense limit available for them to spend, they must notify the other party as soon as practicable.

I am aware of:

- (a) the disclosure requirements in section 49(3) of the *Local Elections Campaign Financing Act*, and
- (b) the penalties in section 65.1 of the *Local Elections Campaign Financing Act* that may apply to me if the elector organization fails to meet its disclosure requirements or files false or misleading information.

|   |                                 |
|---|---------------------------------|
| SIGNATURE OF CANDIDATE<br>                                   | DATE (YYYY/MM/DD)<br>2018/09/20 |
| SIGNATURE OF CANDIDATE'S FINANCIAL AGENT (IF APPLICABLE)<br> | DATE (YYYY/MM/DD)<br>2018/09/20 |
| SIGNATURE OF ELECTOR ORGANIZATION'S FINANCIAL AGENT<br>      | DATE (YYYY/MM/DD)<br>2018/09/20 |

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## 4301 - CAMPAIGN FINANCING SUMMARY

### LOCAL ELECTIONS CANDIDATE



|  |
|--|
| NAME OF CANDIDATE<br><b>MARIA JOHANNA FOSTER</b> |
|--|

|   |  |   |
|---|--|---|
| Value of campaign contributions from all sources (box A on Form 4302)           |  | 0 |
| Amount of all permissible loans received (box B on Form 4304)                   |  | 0 |
| Other deposits into campaign account and in-kind transfers (box A on Form 4305) |  | 0 |
| <b>TOTAL INFLOWS</b> (sum of above boxes)                                       |  | 0 |
| Election period expenses (box A on Form 4307)                                   |  | 0 |
| Campaign period expenses (box B on Form 4307)                                   |  | 0 |
| Exclusions from election period expenses (box D on Form 4307)                   |  | 0 |
| Exclusions from campaign period expenses (box E on Form 4307)                   |  | 0 |
| Other payments from campaign account and in-kind transfers (box A on Form 4309) |  | 0 |
| Amount of surplus funds disbursed (box A on Form 4311)                          |  | 0 |
| <b>TOTAL OUTFLOWS</b> (sum of above boxes)                                      |  | 0 |

|                             |   |
|-----------------------------|---|
| <b>Campaign Account(s)</b>  |   |
| NAME OF SAVINGS INSTITUTION | CANDIDATE DID NOT OPEN A CAMPAIGN ACCOUNT |
| ADDRESS                     |   |
|                             |   |
| NAME OF SAVINGS INSTITUTION |   |
| ADDRESS                     |   |