

4300 - DISCLOSURE STATEMENT COVER PAGE
LOCAL ELECTIONS CANDIDATE



GENERAL VOTING DAY (YYYY/MM/DD) 2018/10/20			
CANDIDATE'S FULL NAME Shelley Alaine Hawrelak		BALLOT NAME (IF DIFFERENT) Shelley Browne	
CANDIDATE'S MAILING ADDRESS PO Box 2033 2-2130 Central Ave		PHONE NO. 250-643-2114	
CITY/TOWN Smithers Victoria	PROV. BC	POSTAL CODE V0J 2N0	EMAIL (IF AVAILABLE) shelleyinSmithers@gmail.com
JURISDICTION Smithers		OFFICE SOUGHT Councillor	
ELECTION AREA Smithers			
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)			
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF DIFFERENT)			
<input checked="" 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)		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.			<input checked="" type="checkbox"/> Tick if candidate had zero campaign activity
<input checked="" type="checkbox"/> No income or deposits, including funds from the candidate, contributions, donations, gifts, loans, funds from previous elections, transfers, etc.			
<input checked="" type="checkbox"/> No expenses, including signs reused from previous elections, campaign account fees, etc.			
<input checked="" type="checkbox"/> Did not have a campaign account.			
<input checked="" type="checkbox"/> Did not change financial agents during this election.			
<input checked="" type="checkbox"/> Did not receive any free election advertising from their jurisdiction (see Form 4312 for description).			
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 <i>Local Elections Campaign Financing Act</i> .			
SIGNATURE OF CANDIDATE Shelley Hawrelak		SIGNATURE OF FINANCIAL AGENT	
DATE (YYYY/MM/DD) 2018/12/17		DATE (YYYY/MM/DD)	
WARNING: Signing a false declaration is a serious offence and is subject to significant penalties.			