4300 - DISCLOSURE STATEMENT COVER PAGE LOCAL ELECTIONS CANDIDATE



	190				GENERAL VOTING DAY (YYYY/MM/DD)
CANDIDATE'S FULL NAME (A) 15 to pher W CANDIDATE'S MAILING ADDRESS	Molen	Long	1	BALLOT NAME (IF DIFFEREN	NT)
P.O. Box & 75 1606 17	PROV.	POSTAL COD	E	250 -24 EMAIL (IF AVAILABLE)	0 5499
JURISDICTION JURISDICTION	11/6	VORI	00	OFFICE SOUGHT	y rooting & ho
ELECTION AREA				Mayor	
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF	APPLICAE	BLE)			
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF E	DIFFEREN	T)			
Tick if candidate is their own financial agent			Ticl	r if candidate was also a t	hird 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 COD	E	EMAIL (IF AVAILABLE)	
ZERO CAMPAIGN ACTIVITY					
Candidates with zero campaign activity may file this form or applicable to the campaign.	nly. If any	of the condition	ns aı	re not met, file other forms	
 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). 					
NOTE - ENDORSED CANDIDATES MUST ALSO DECLARATION: I, the undersigned, declare that to the best of my knowledge required under the Local Elections Campaign Financing Actions Campaign Financing Cam	O INCLU	JDE A COF	PY O	F THEIR CAMPAIGN F	
			IGNATURE OF FINANCIAL AGENT		
DATE (YYYY/MM/DD) DATE DATE			E (YYYY/MM/DD)		
WARNING: Signing a false declaration is a serious offence	e and is s	subject to sign	nificar	nt penalties.	