

LOCAL ELECTIONS CAMPAIGN FINANCING

(18/01)

4300 - DISCLOSURE STATEMENT COVER PAGE

LOCAL ELECTIONS CANDIDATE



ELECTIONS

A non-partisan Office of the Legislature

				GENERAL VOTING DAY (YYYY/MM/DD) 2018/10/20	
CANDIDATE'S FULL NAME Allen Herbert Anderson			BALLOT NAME (IF DIFFERENT) Al Anderson		
CANDIDATE'S MAILING ADDRESS PO Box 632			PHONE NO. 250-726-5236		
CITY/TOWN Tofino	PROV. BC	POSTAL CODE V0R2Z0	EMAIL (IF AVAILABLE) alanderson@gmail.com		
JURISDICTION Tofino			OFFICE SOUGHT Councillor		
ELECTION AREA Tofino					
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.					
1. No income or deposits, including funds from the candidate, contributions, donations, gifts, loans, funds from previous elections, transfers, etc. 2. No expenses, including signs reused from previous elections, campaign account fees, etc. 3. Did not have a campaign account. 4. Did not change financial agents during this election. 5. 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					
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 			SIGNATURE OF FINANCIAL AGENT		
DATE (YYYY/MM/DD) Jan. 14, 2019			DATE (YYYY/MM/DD)		
WARNING: Signing a false declaration is a serious offence and is subject to significant penalties.					

This form is available for public inspection.
PLEASE KEEP A COPY FOR YOUR RECORDS

This information is collected under the authority of the Local Elections Campaign Financing Act and the Freedom of Information and Protection of Privacy Act. The information will be used to administer provisions under the Local Elections Campaign Financing Act. Questions not answered by: Privacy Officer, Elections BC 1-800-961-8683. privacy@electionsbc.ca or PO Box 8275 3rd Prov. Govt. Victoria BC V8W 9J6