4300 - DISCLOSURE STATEMENT COVER PAGE LOCAL ELECTIONS CANDIDATE



					GENERAL VOTING DAY (YYYY/MM/DD) 2018/10/20
CANDIDATE'S FULL NAME				BALLOT NAME (IF DIFFERE	ENT)
Jerome Ernest Henrik Luchka				Jerome E.H.L.	
CANDIDATE'S MAILING ADDRESS				PHONE NO.	
2846 11th Ave				250-735-4751	
CITY/TOWN	PROV. POSTAL CODE			EMAIL (IF AVAILABLE)	
Port Alberni	вс	V9Y	2R4		
JURISDICTION				OFFICE SOUGHT	
Port Alberni				Councillor	
ELECTION AREA Port Alberni					
T OILT NIBOTTI					V 9 9 9 9 9 9 9 9
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF	APPLICA	BLE)			
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF I	DIFFEREN	IT)			
Tick if candidate is their own financial agent	5 n		Ticl	k 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		CODE	EMAIL (IF AVAILABLE)	
ZERO CAMPAIGN ACTIVITY		'	•		
 Candidates with zero campaign activity may file this form of applicable to the campaign. No income or deposits, including funds from the cand previous elections, transfers, etc. No expenses, including signs reused from previous etc. Did not have a campaign account. Did not change financial agents during this election. Did not receive any free election advertising from the 	lidate, co lections,	ntribution campaigr	s, donatio	ons, gifts, loans, funds from	
NOTE - ENDORSED CANDIDATES MUST ALS	O INCL	UDE A	COPY O	F THEIR CAMPAIGN	FINANCING ARRANGEMENT.
DECLARATION: I, the undersigned, declare that to the best of my knowledgrequired under the <i>Local Elections Campaign Financing A</i>	ge and be	elief, this o	disclosure	statement completely and	d accurately discloses the information
SIGNATURE OF CANDIDATE			SIGNATURE OF FINANCIAL AGENT		
DATE (YYYYYMM/BD) Dan 16 H 2-0/9			DATE (YYYY/MM/DD)		