

**4300 - DISCLOSURE STATEMENT COVER PAGE**  
**LOCAL ELECTIONS CANDIDATE**



GENERAL VOTING DAY (YYYY/MM/DD)  
 2018/10/20

CANDIDATE'S FULL NAME Ramona Erika Johanson			BALLOT NAME (IF DIFFERENT) Erika Johanson		
CANDIDATE'S MAILING ADDRESS 15523 Columbia Ave			PHONE NO. 604-531-5331		
CITY/TOWN White Rock	PROV. BC	POSTAL CODE V4B 1K5	EMAIL (IF AVAILABLE) Erika@erikajohanson.com		

JURISDICTION White Rock	OFFICE SOUGHT Councillor
ELECTION AREA White Rock	

BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE) Democracy Direct - White Rock
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF DIFFERENT) Democracy Direct - White Rock

Tick if candidate is their own financial agent       Tick if candidate was also a third party sponsor

FINANCIAL AGENT'S FULL NAME (IF NOT ACTING AS OWN) Stephen Joel Crozier			EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD) 2018/08/01		
FINANCIAL AGENT'S MAILING ADDRESS 301-1351 Martin St			PHONE NO. 778-330-7579		
CITY/TOWN White Rock	PROV. BC	POSTAL CODE V4B 3W6	EMAIL (IF AVAILABLE) maccrozier@hotmail.com		

<p><b>ZERO CAMPAIGN ACTIVITY</b></p> <p>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.</p> <ol style="list-style-type: none"> <li>No income or deposits, including funds from the candidate, contributions, donations, gifts, loans, funds from previous elections, transfers, etc.</li> <li>No expenses, including signs reused from previous elections, campaign account fees, etc.</li> <li>Did not have a campaign account.</li> <li>Did not change financial agents during this election.</li> <li>Did not receive any free election advertising from their jurisdiction (see Form 4312 for description).</li> </ol>	<p><input checked="" type="checkbox"/> Tick if candidate had zero campaign activity</p>
--	---

**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) 2018/12/30	DATE (YYYY/MM/DD) 2018/12/28

**WARNING:** 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) <b>2018/10/20</b>
--

**SECTION A – CONTACT INFORMATION**

CANDIDATE'S FULL NAME (AND BALLOT NAME, IF DIFFERENT) <b>RAMONA ERIKA JOHANSON</b> <span style="float: right;"><b>ERIKA JOHANSON</b></span>		
CANDIDATE'S FINANCIAL AGENT'S FULL NAME (IF APPLICABLE) <b>STEPHEN JOEL CROZIER</b>		
CANDIDATE'S ADDRESS FOR SERVICE (MAILING ADDRESS, EMAIL ADDRESS OR FAX NUMBER) <b>15523 COLUMBIA AVE</b>		
CITY / TOWN <b>WHITE ROCK</b>	PROVINCE <b>BC</b>	POSTAL CODE <b>V4B 1K5</b>

ELECTOR ORGANIZATION'S NAME (AND LEGAL NAME, IF DIFFERENT) <b>DEMOCRACY DIRECT - WHITE ROCK</b>		
ELECTOR ORGANIZATION'S FINANCIAL AGENT'S FULL NAME <b>STEPHEN JOEL CROZIER</b>		
ELECTOR ORGANIZATION'S FINANCIAL AGENT'S ADDRESS FOR SERVICE (MAILING ADDRESS, EMAIL ADDRESS OR FAX NUMBER) <b>301-1351 MARTIN ST.</b>		
CITY / TOWN <b>WHITE ROCK</b>	PROVINCE <b>BC</b>	POSTAL CODE <b>V4B 13W6</b>

**SECTION B – AMOUNT OF EXPENSE LIMIT AVAILABLE TO THE CANDIDATE AND ELECTOR ORGANIZATION**

Under the *Local Elections Campaign Financing Act*, 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.

JURISDICTION <b>WHITE ROCK</b>	ELECTION AREA <b>WHITE ROCK</b>	OFFICE SOUGHT <b>COUNCILLOR</b>
-----------------------------------	------------------------------------	------------------------------------

<b>Candidate expense limit:</b>	<b>\$</b>	<b>8,672.36</b>	<b>A</b>
Amount available for the candidate to spend:	<b>\$</b>	<b>0</b>	<b>B</b>
Amount available for the elector organization to spend:	<b>\$</b>	<b>8,672.36</b>	<b>C</b>

Boxes **B + C** must equal Box **A**

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 can be directed to: **Privacy Officer, Elections BC** 1-800-661-8683, [privacy@elections.bc.ca](mailto:privacy@elections.bc.ca) or PO Box 9275 Stn Prov Govt, Victoria, BC V8W 9J6

**CAMPAIGN FINANCING ARRANGEMENT**

PLEASE PRINT IN BLOCK LETTERS

**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

DATE (YYYY/MM/DD)

2018/09/20

SIGNATURE OF CANDIDATE'S FINANCIAL AGENT (IF APPLICABLE)

DATE (YYYY/MM/DD)

2018/09/20

SIGNATURE OF ELECTOR ORGANIZATION'S FINANCIAL AGENT

DATE (YYYY/MM/DD)

2018/09/20

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 can be directed to: **Privacy Officer, Elections BC** 1-800-661-8683, [privacy@elections.bc.ca](mailto:privacy@elections.bc.ca) or PO Box 9275 Stn Prov Govt, Victoria, BC V8W 9J6

ORIGINAL — ELECTIONS BC  
 PLEASE KEEP A COPY FOR YOUR RECORDS  
 THIS FORM MUST BE FILED WITH ELECTIONS BC  
 THIS FORM IS AVAILABLE FOR PUBLIC INSPECTION