

4300 - DISCLOSURE STATEMENT COVER PAGE

LOCAL ELECTIONS CANDIDATE



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

CANDIDATE'S FULL NAME Christopher James Trevelyan			BALLOT NAME (IF DIFFERENT) Christopher Trevelyan		
CANDIDATE'S MAILING ADDRESS 1446 Kent St			PHONE NO. 604-541-1791		
CITY/TOWN White Rock	PROV. BC	POSTAL CODE V4B 4T9	EMAIL (IF AVAILABLE) ctrevelyan@telus.net		
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) 2018/09/01		
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		

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).

☒ 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) 2018/12/30	DATE (YYYY/MM/DD) 2018/12/30

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) <div style="font-size: 1.2em; font-family: cursive;">2018/10/20</div>		
SECTION A – CONTACT INFORMATION		
CANDIDATE'S FULL NAME (AND BALLOT NAME, IF DIFFERENT) <div style="font-size: 1.2em; font-family: cursive;">CHRISTOPHER JAMES TREVELYAN // CHRISTOPHER TREVELYAN</div>		
CANDIDATE'S FINANCIAL AGENT'S FULL NAME (IF APPLICABLE) <div style="font-size: 1.2em; font-family: cursive;">STEPHEN JOEL GROZIER</div>		
CANDIDATE'S ADDRESS FOR SERVICE (MAILING ADDRESS, EMAIL ADDRESS OR FAX NUMBER) <div style="font-size: 1.2em; font-family: cursive;">1446 KENT STREET</div>		
CITY / TOWN <div style="font-size: 1.2em; font-family: cursive;">WHITE ROCK</div>	PROVINCE <div style="font-size: 1.2em; font-family: cursive;">B.C.</div>	POSTAL CODE <div style="font-size: 1.2em; font-family: cursive;">V4B 1T9</div>
ELECTOR ORGANIZATION'S NAME (AND LEGAL NAME, IF DIFFERENT) <div style="font-size: 1.2em; font-family: cursive;">DEMOCRACY DIRECT-WHITE ROCK</div>		
ELECTOR ORGANIZATION'S FINANCIAL AGENT'S FULL NAME <div style="font-size: 1.2em; font-family: cursive;">STEPHEN JOEL GROZIER</div>		
ELECTOR ORGANIZATION'S FINANCIAL AGENT'S ADDRESS FOR SERVICE (MAILING ADDRESS, EMAIL ADDRESS OR FAX NUMBER) <div style="font-size: 1.2em; font-family: cursive;">301 MARTIN STREET</div>		
CITY / TOWN <div style="font-size: 1.2em; font-family: cursive;">WHITE ROCK</div>	PROVINCE <div style="font-size: 1.2em; font-family: cursive;">B.C.</div>	POSTAL CODE <div style="font-size: 1.2em; font-family: cursive;">V4B 3A3W6</div>
SECTION B – AMOUNT OF EXPENSE LIMIT AVAILABLE TO THE CANDIDATE AND ELECTOR ORGANIZATION		
<p>Under the <i>Local Elections Campaign Financing Act</i>, 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.</p> <p>Enter the amount of the expense limit available for the candidate and for the elector organization to spend during the campaign period.</p>		
JURISDICTION <div style="font-size: 1.2em; font-family: cursive;">WHITE ROCK</div>	ELECTION AREA <div style="font-size: 1.2em; font-family: cursive;">WHITE ROCK</div>	OFFICE SOUGHT <div style="font-size: 1.2em; font-family: cursive;">COUNCILLOR</div>
Candidate expense limit:		<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 5px; flex-grow: 1;">\$ 8672.36</div> <div style="border: 1px solid black; padding: 5px; width: 30px; text-align: center;">A</div> </div>
Amount available for the candidate to spend:		<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 5px; flex-grow: 1;">\$</div> <div style="border: 1px solid black; padding: 5px; width: 30px; text-align: center;">B</div> </div>
Amount available for the elector organization to spend:		<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 5px; flex-grow: 1;">\$ 8672.36</div> <div style="border: 1px solid black; padding: 5px; width: 30px; text-align: center;">C</div> </div>
Boxes B + C must equal Box A		
<p><small>This information is collected under the authority of the <i>Local Elections Campaign Financing Act</i> and the <i>Freedom of Information and Protection of Privacy Act</i>. The information will be used to administer provisions under the <i>Local Elections Campaign Financing Act</i>. Questions can be directed to: Privacy Officer, Elections BC 1-800-661-8683, privacy@elections.bc.ca or PO Box 9275 Stn Prov Govt, Victoria, BC V8W 9J6</small></p>		

CAMPAIGN FINANCING ARRANGEMENT

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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)

2018/09/19

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

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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