## 4300 - DISCLOSURE STATEMENT COVER PAGE LOCAL ELECTIONS CANDIDATE



|  |                   |                      |  | GENERAL VOTING DAY (YYYY/MM/DE 2018/10/20  |
|--|-------------------|----------------------|--|--|
| CANDIDATE'S FULL NAME  |                   |                      | BALLOT NAME (IF DIFFERENT)                 |  |
| Rick Daniel Ethier   |                   |                      | Rick Ethier                                |  |
| CANDIDATE'S MAILING ADDRESS  |                   |                      | PHONE NO.                                  |  |
| 216-3883 10th Ave  |                   |                      | 250-713-9142                               |  |
| CITY/TOWN .  | PROV.             | POSTAL CODE          | EMAIL (IF AVAILABLE)                       |  |
| Port Alberni   | BC                | V9Y 4W8              | rick.ethier@yahoo.                         | ca   |
| URISDICTION  |                   |                      | OFFICE SOUGHT                              |  |
| Port Alberni   |                   |                      | Councillor                                 |  |
| LECTION AREA   |                   |                      |  |  |
| Port Alberni   |                   |                      |  |  |
| SALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF  | APPLICA           | BLE)                 |  |  |
|  |                   |                      |  |  |
| EGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF  | DIFFEREN          | NT)                  |  |  |
|  |                   |                      | ,  |  |
| Tick if candidate is their own financial agent   |                   | Т                    | ck if candidate was also a                 | 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 oupplicable to the campaign.   |                   |                      |  |  |
| <ol> <li>No income or deposits, including funds from the can<br/>previous elections, transfers, etc.</li> <li>No expenses, including signs reused from previous expenses.</li> </ol> |                   |                      |  | Tick if candidate had zero campaign activity   |
| <ul><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 the</li></ul>      | eir jurisdic      | ction (see Form 4    | 312 for description).                      |  |
| NOTE - ENDORSED CANDIDATES MUST ALS  |                   |                      |  | FINANCING ARRANGEMEN   |
|  |                   |                      |  | The state of the s |
| <b>DECLARATION:</b> the undersigned, declare that to the best of my knowled equired under the Local Elections Campaign Financing A   |                   | elief, this disclosu | re statement completely an                 | d accurately discloses the information   |
|  |                   |                      | TURE OF FINANCIAL AGENT                    |  |
| ATE (YYYY/MM/DD)   |                   | DATE                 | YYY/MM/DD)                                 |  |
| 2019. 01. 14   |                   | DAIE                 |  |  |
|  |                   |                      |  |  |