

4300 - DISCLOSURE STATEMENT COVER PAGE
LOCAL ELECTIONS CANDIDATE



GENERAL VOTING DAY (YYYY/MM/DD)
 2018/10/19 20

CANDIDATE'S FULL NAME Darren Dwight Halladay		BALLOT NAME (IF DIFFERENT) Darren Halladay	
CANDIDATE'S MAILING ADDRESS P.O BOX 1195		PHONE NO. 250-865-4446	
CITY/TOWN Elkford	PROV. BC	POSTAL CODE V0B 1H0	EMAIL (IF AVAILABLE) touchofevil@hotmail.ca

JURISDICTION Elkford	OFFICE SOUGHT Councillor
ELECTION AREA Elkford	

BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)

LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF DIFFERENT)

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)		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.

- No income or deposits, including funds from the candidate, contributions, donations, gifts, loans, funds from previous elections, transfers, etc.
- No expenses, including signs reused from previous elections, campaign account fees, etc.
- Did not have a campaign account.
- Did not change financial agents during this election.
- 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 Dan Halladay	SIGNATURE OF FINANCIAL AGENT Dan Halladay
DATE (YYYY/MM/DD) 2018/12/28	DATE (YYYY/MM/DD) 2018/12/28

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 Access to 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, 1-800-661-1000 or privacy@elections.bc.ca or 1100 Box 4275 Stn 11th Fl Govt, Victoria BC V8W 2K1

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JURISDICTION Elkford		OFFICE SOUGHT Councillor	
ELECTION AREA Elkford			
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) SEE AMENDMENT
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.			<input checked="" type="checkbox"/> Tick if candidate had zero campaign activity
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).			
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