4300 - DISCLOSURE STATEMENT COVER PAGE LOCAL ELECTIONS CANDIDATE



	GENERAL VOTING DAY (YYYY/MM/DD) 2018/10/20
CANDIDATE'S FULL NAME	
CANDIDATES FOLE NAME	BALLOT NAME (IF DIFFERENT)
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P.O. Box & 75 1606 HVE	bbon 250 -240 5494
Errington BC	WORLD Chrislong roofing Wha
Parks ule	OFFICE SOUGHT Hayor
Parksville	
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE	(A. C.
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)
en e	
FINANCIAL AGENT'S MAILING ADDRESS	PHONE NO.
	And the second of the second o
CITY/TOWN PROV. F	POSTAL CODE EMAIL (IF AVAILABLE)
 ZERO CAMPAIGN ACTIVITY Candidates with zero campaign activity may file this form only. If any of applicable to the campaign. No income or deposits, including funds from the candidate, continuous elections, transfers, etc. No expenses, including signs reused from previous elections, ca Did not have a campaign account. Did not change financial agents during this election. Did not receive any free election advertising from their jurisdiction. 	ributions, donations, gifts, loans, funds from Tick if candidate had zero campaign activity
	DE A COPY OF THEIR CAMPAIGN FINANCING ARRANGEMENT.
DECLARATION:	of, this disclosure statement completely and accurately discloses the information
SIGNATURED F CANDIDATE	SIGNATURE OF FINANCIAL AGENT
DATE (TYTY/MM/DD) 1 2019	DATE (YYYY/MM/DD)
WARNING: Signing a false declaration is a serious offence and is sul	oject to significant penalties.

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Parksule		OFFICE SOUGHT Hayor	The state of the s
LECTION AREA			
ALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPL	.ICABLE)		
EGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF DIFFER	RENT)	//	ng .
Tick if candidate is their own financial agent		ck if candidate was also a th	hird party sponsor
NANCIAL AGENT'S FULL NAME (IF NOT ACTING AS OWN)	7	EFFECTIVE DATE OF APPOIN	
NANCIAL AGENT'S MAILING ADDRESS		PHONE NO.	
TY/TOWN PRO	POSTAL CODE	EMAIL (IF AVAILABLE)	
ERO CAMPAIGN ACTIVITY andidates with zero campaign activity may file this form only. If a	any of the conditions a	re not met, file other forms	
No income or deposits, including funds from the candidate, previous elections, transfers, etc. No expenses, including signs reused from previous election Did not have a campaign account. Did not change financial agents during this election. Did not receive any free election advertising from their jurisity.	ns, campaign accoun	t fees, etc.	Tick if candidate had zero campaign activity
OTE - ENDORSED CANDIDATES MUST ALSO INC			NANCING ARRANGEMENT
ECLARATION: the undersigned, declare that/to the best of my knowledge and quired under the Local Elections Campaign Financing Act.			
GNATURE OF CAMPIDATE	SIGNATU	SIGNATURE OF FINANCIAL AGENT	
TE (YYYYMM/DD) / 1 2 0 1 CL	DATE (Y)	YY/MM/DD)	
Jan 1 2019			

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 Freedom of Information and Protection of Privacy Act. The information will be used to administer provisions uniter the Local Elections Campaign Financing Act. Questions can be directed to Privacy Officer, Elections BC 1-800-63-8683. privacy@elections.bc.ca.or PO Box 9275 Stp Prov Goy. Virtual 8CT. PUM 4 is: