4300 - DISCLOSURE STATEMENT COVER PAGE LOCAL ELECTIONS CANDIDATE



			GENERAL VOTING DAY (YYYY/MM/DD) 2018 - Oct - 20		
CANDIDATES FULL NAME I ERENCE SHELDON			BALLOT NAME (IF DIFFERENT) TERRY SHELDON		
CANDIDATE'S FULL NAME TERENCE SHELDON CANDIDATE'S MAILING ADDRESS 915.2547 STREET			PHONE NO. 626-4166		
ACDERGROVE	PROV.	POSTAL CODE VUIV 12RE	PHONE NO. 604 626-4166 EMAIL (IF AMAILABLE) Shuld unt 2226 ginaid com		
Township of Langley			COUNCILLOS.		
cangley lownship					
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)					
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF	DIFFEREN	NT)			
Tick if candidate is their own financial agent	111.55	η 🔲 τ	ck 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	PHONE NO. EMAIL (IF AVAILABLE)		
ZERO CAMPAIGN ACTIVITY Candidates with zero campaign activity may file this form of applicable to the campaign. 1. No income or deposits, including funds from the cand previous elections, transfers, etc. 2. No expenses, including aigns reused from previous etc. 3. Did not have a campaign account. 4. Did not change fixeliptal agents during this election.	nly. If any	of the conditions a entributions, donati cempaign accoun	email (IF AMAILABLE) Tick if candidate had zero campaign activity		
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4300 - DISCLOSURE STATEMENT COVER PAGE LOCAL ELECTIONS CANDIDATE



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SEE AMENDMENT GENERAL VOTING DAY (TYYY)MAI/DD)					
CANDIDATE'S FULL NAME TERENCE SHELDON		BALLOT NAME (IF DIFFERENT)			
CANDIDATE'S MAILING ADDRESS STREET		EMAIL (IF AVAILABLE) Shuld on t222 ft gincul com			
att ACDERGROVE	BC VUW 2RB	Shuldon t222/ gincul com			
JURISDICTION		COUNCILLA.			
Langley Township					
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)					
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF	DIPFERENT)				
Tick if candidate is their own financial agent	Пе	of 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. ROSTAL CODE	SMAIL (IF AMAILABLE)			
ZERO CAMPAIGN ACTIVITY Candiciates 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					
Tick if candidate had greylous elections, transfers, stc. Tick if candidate had greylous elections, transfers, stc. Tick if candidate had zero campaign activity to expenses, including signs reused from previous elections, campaign account fees, etc. Did not change finished agents during this election. Under the receive any free election advertising from their jurisdiction (see Form 4312 for description).					
NOTE - ENDORSED CANDIDATES MUST ALSO INCLUDE A COPY OF THEIR CAMPAIGN FINANCING ARRANGEMENT.					
DECLARATION I, the undereigned, declare that to the best of my knowledge and belief, this disclosure statement completely and accurately disclosus the information required under the Local Elections Cempaign Financing Act.					
SIGNATURE OF CANDIDATE	SIGNATUR	RE OF FINANCIAL AGENT			
DATE (YYYYAMA/DD) 91 22		YY/MM/DD)			
WARNING: Signing a false declaration is a serious offence and is subject to significant penalties.					