## 4300 - DISCLOSURE STATEMENT COVER PAGE LOCAL ELECTIONS CANDIDATE



		t .		GENERAL VOTING DAY (YYYY/MM/DD)		
				2019/03/02		
CANDIDATE'S FULL NAME			BALLOT NAME (IF DI	BALLOT NAME (IF DIFFERENT)		
Charles Arthur Ross			Thom Ross			
CANDIDATE'S MAILING ADDRESS			PHONE NO.			
PO Box 198			250-455-2308			
CITY/TOWN	PROV.	POSTAL CODE	EMAIL (IF AVAILABLE	5)		
Lytton	вс	V0K 1Z0	thomross1949@	@gmail.com		
JURISDICTION			OFFICE SOUGHT			
Lytton			Councillor	Councillor		
ELECTION AREA						
Lytton						
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)						
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF DIFFERENT)						
✓ Tick if candidate is their own financial agent	/	V/A <del>-</del>	Tick if candidate was a	ilso a third party sponsor		
FINANCIAL AGENT'S FULL NAME (IF NOT ACTING AS OWN)			EFFECTIVE DATE OF	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.  1. No income or deposits, including funds from the candidate, contributions, donations, gifts, loans, funds from Tick if candidate had						
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).						
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	4	SIGNA	TURE OF FINANCIAL AGEN	JT		
SIGNATO			the control of proper control			
DATE (YYYY/MM/DD)	DATE (YYYY/MM/DD)			YYY/MM/DD)		
2019 - 03 - 04						
	ai bne e	Lubject to signif	cant penalties			
WARNING: Signing a false declaration is a serious offence and is subject to significant penalties.						

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SEE AMENDMENT A non-partisan Office of the Legislature

		OLL / WILITDINILITI
		GENERAL VOTING DAY (YYYY/MM/E 2019/03/02
CANDIDATE'S FULL NAME	BALLOT NAME (IF DIFFERENT)	
Charles Arthur Ross	Thom Ross	
ANDIDATE'S MAILING ADDRESS		PHONE NO.
PO Box 198		250-455-2308
CITY/TOWN	PROV. POSTAL CO	DDE EMAIL (IF AVAILABLE)
ytton	BC V0K 1	Z0 thomross1949@gmail.com
URISDICTION		OFFICE SOUGHT
ytton	Councillor	
LECTION AREA		
_ytton		
PROPERTY SCHOOL CARE PROPERTY.		
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION	(IF APPLICABLE)	
FOAL NAME OF ENDORGING ELECTOR ORGANIZATION	(F DIFFEDENT)	
EGAL NAME OF ENDORSING ELECTOR ORGANIZATION (	IF DIFFERENT)	
Tick if candidate is their own financial agent		Tick if candidate was also a third party sponsor
INANCIAL AGENT'S FULL NAME (IF NOT ACTING AS OWN)	7	EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)
,		(1117,11111)
INANCIAL AGENT'S MAILING ADDRESS		PHONE NO.
CITY/TOWN	PROV. POSTAL CO	DE EMAIL (IF AVAILABLE)
EDO CAMPAICNI ACTIVITY		
ZERO CAMPAIGN ACTIVITY Candidates with zero campaign activity may file this form	only If any of the cond	tions are not mot file other forms
pplicable to the campaign.	only. If any of the condi	tions are not met, the other forms
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previous elections, transfers, etc.  No expenses, including signs reused from previous	s elections, campaign a	zero campaign activity
. Did not have a campaign account.		sodulit iccs, cic.
<ul> <li>Did not change financial agents during this election</li> <li>Did not receive any free election advertising from t</li> </ul>		was 4340 for docariation)
OTE - ENDORSED CANDIDATES MUST AL	SO INCLUDE A CC	PPY OF THEIR CAMPAIGN FINANCING ARRANGEMENT
ECLARATION:		
the undersigned, declare that to the best of my knowled equired under the <i>Local Elections Campaign Financing</i>	edge and belief, this dis	closure statement completely and accurately discloses the information
		ANALUS OF FINANCIA ACTAIN
SIGNATURE OF CANDIDATE SIGNAT		GNATURE OF FINANCIAL AGENT
ATE OVVVV (AMA (DP))		TT AAAA/JMJ/DD)
ATE (YYYY/MM/DD) 2019 - 03 - 04	D/	ATE (YYYY/MM/DD)