

# 4300 - DISCLOSURE STATEMENT COVER PAGE

## LOCAL ELECTIONS CANDIDATE



GENERAL VOTING DAY (YYYY/MM/DD)

2019/04/06

CANDIDATE'S FULL NAME <b>Glenn Holstine</b>	BALLOT NAME (IF DIFFERENT)
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CANDIDATE'S MAILING ADDRESS <b>3309 A Marine Avenue</b>	PHONE NO. <b>604-414-4591</b>
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CITY/TOWN <b>Powell River</b>	PROV. <b>BC</b>	POSTAL CODE <b>V9A 1Z66</b>	EMAIL (IF AVAILABLE) <b>glenn.holstine@gmail.com</b>
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JURISDICTION <b>Powell River</b>	OFFICE SOUGHT <b>Councillor</b>
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ELECTION AREA  
**City of Powell River**

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)
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FINANCIAL AGENT'S MAILING ADDRESS	PHONE NO.
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CITY/TOWN	PROV.	POSTAL CODE	EMAIL (IF AVAILABLE)
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**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.

<ol style="list-style-type: none"> <li>1. No income or deposits, including funds from the candidate, contributions, donations, gifts, loans, funds from previous elections, transfers, etc.</li> <li>2. No expenses, including signs reused from previous elections, campaign account fees, etc.</li> <li>3. Did not have a campaign account.</li> <li>4. Did not change financial agents during this election.</li> <li>5. Did not receive any free election advertising from their jurisdiction (see Form 4312 for description).</li> </ol>	<input checked="" type="checkbox"/> Tick if candidate had zero campaign activity
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**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 	SIGNATURE OF FINANCIAL AGENT
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DATE (YYYY/MM/DD) <b>2019/04/15</b>	DATE (YYYY/MM/DD)
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**WARNING:** Signing a false declaration is a serious offence and is subject to significant penalties.

**4300 - DISCLOSURE STATEMENT COVER PAGE**  
**LOCAL ELECTIONS CANDIDATE**



GENERAL VOTING DAY (YYYY/MM/DD)

2019/04/06

CANDIDATE'S FULL NAME Glenn Holstine		BALLOT NAME (IF DIFFERENT)	
CANDIDATE'S MAILING ADDRESS 3309 A Marine Avenue		PHONE NO.	
CITY/TOWN Powell River	PROV. BC	POSTAL CODE V8A 1Z66	EMAIL (IF AVAILABLE) glenn.holstine@gmail.com

JURISDICTION Powell River	OFFICE SOUGHT Councillor
ELECTION AREA City of Powell River	

BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)	<b>SEE AMENDMENT</b>
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)

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SIGNATURE OF CANDIDATE <i>[Signature]</i>	SIGNATURE OF FINANCIAL AGENT
DATE (YYYY/MM/DD) 2019/04/15	DATE (YYYY/MM/DD)

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