4300 - DISCLOSURE STATEMENT COVER PAGE LOCAL ELECTIONS CANDIDATE



| | GENERAL VOTING DAY (TYTY AMM/DD) 7.018 /10/7.0 | | | | |
|--|--|--|--|--|--|
| CANDIDATE'S FULL NAME | BALLOT NAME (IF DIFFERENT) | | | | |
| BALBIN KAUR THIND | BALBER THEND | | | | |
| CANDIDATE'S MAILING ADDRESS SELL AY. | PHONE NO. (604) 612-9417 | | | | |
| WHITE ROCK THE VI | BIRYO Balbickthindagmail-co | | | | |
| JURISDICTION WHITE ROCK | OFFICE SOUGHT COUNCILLOR | | | | |
| WHITE ROCK. | | | | | |
| BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE) | | | | | |
| WHITE ROCK COALF | TFOW | | | | |
| LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF DIFFERENT) WHITE ROCK COALI | TFON. | | | | |
| 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 (YYYYJMM/DD) | | | | |
| FINANCIAL AGENT'S MAILING ADDRESS | PHONE NO. | | | | |
| CITY/TOWN PROV. POS | TAL 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 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 drange financial agents during this steption. 5. Did not receive any free election advertising from their jurisolicition (see Form 4312 for description). | | | | | |
| NOTE - ENDORSED CANDIDATES MUST ALSO INCLUDE | A COPY OF THEIR CAMPAIGN FINANCING ARRANGEMENT. | | | | |
| DECLARATION: It the undersigned, declare that to the best of my knowledge and bellef, this disclosure statement completely and accurately discloses the information required under the Local Elections Campaign Financing. Act. | | | | | |
| SIGNATURE OF CAMBIDATE TURNS | SIGNATURE OF FINANCIAL AGENT | | | | |
| DATE (TYTYIMMIDD) / 01/17. | DATE (YYYY/MM/DD) | | | | |
| WARNING: Signing a false declaration is a serious offence and is subject | to significant pensities. | | | | |

This form is available for public inspection. PLEASE KEEP A COPY FOR YOUR RECORDS

This information is colorated under the substantie of the Grant Denditics Campaign Environing Act and the Environing of information and Philanchies of Privacy ACT, the information with the usual to activation preparate the Case Electronic Campaign Environing Act, Claustian Environing Campaign Environing Act, Claustian Exist to definited the Privacy Offices, Electronin EC 1 2000-001-0030. Dendition Exist Exist Campaign Environing Act, Claustian Exist Exist Campaign Environing Campaign Environing Campaign Environing Exist Ex

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4300 - DISCLOSURE STATEMENT COVER PAGE LOCAL ELECTIONS CANDIDATE



| | | GENE | 7.018 /10/20 | |
|---|-----------------------------------|--------------------------------|--------------------|--|
| CANDIDATE'S FULL NAME RALBIX KAUR TH | FUD I | BALLOT NAME (IF DIFFERENT). | THEW | |
| CANDIDATES MAILING ADDRESS SELL AV. | | PHONE NO. (604) 61 | 2-9417 | |
| | PROV POSTAL CODE 13C V4B 19.48 | EMAIL (IF AVAILABLE) | | |
| JURISDICTION ROCK | | OFFICE SOUGHT COUNCIL | LOR | |
| BECTIONAREA WHITE ROCK. | | | | |
| BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF AP | PLICABLES ALFTFOW | | | |
| LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF DIF | PERENT! SALITIFOY | . | | |
| Tick if candidate is their own financial age | | if candidate was also a third; | | |
| FINANCIAL AGENT'S FULL NAME (IF NOT ACTING AS OWN) | | EFFECTIVE DATE OF APPOINTME | NT (YYYY/MM/DD) | |
| FINANCIAL AGENT'S MAILING ADDRESS | | PHONE NO. | | |
| CITY/TOWN | PROV. PORTAL 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, atc. 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). | | | | |
| NOTE - ENDORSED CANDIDATES MUST ALSO I | INCLUDE A COPY OF | THEIR CAMPAIGN FINA | NCING ARRANGEMENT. | |
| DECLARATION: 1. the undersigned, declare that to the best of my knowledge and belief, this disclosure statement completely and accordially discloses the information required under the Local Elections Campaign Financing Act. | | | | |
| SIGNATURE OF CANTELDATE THE | SIGNATURE | OF FINANCIAL AGENT | | |
| 2019 / 01 / 17. WARNING: Storing a false declaration is a serious offence as | OATE (YYY) | | | |

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This information is colorated under the automate of the Lored Bendlere Company's professing Act and the Province of information and Principles of Medical Profession of Medical Profession and Profession

CAMPAIGN FINANCING ARRANGEMENT



PLEASE PRINT IN BLOCK LETTERS

| | | G | ENERAL VOTING DAY (YYYY/M 2018 /10/20 | 1 | | | |
|---|--------------------------------|---------------------------|--|-------|--|--|--|
| | | | 2018/10/20 | / | | | |
| SECTION A - CONTACT INFORMATION | | | | | | | |
| CANDIDATE'S FULL NAME (AND BALLOT NAME, IF DIFFERENT | | 100,00 | 0 -1 | | | | |
| BALBIR KAUR THE CANDIDATE'S FINANCIAL AGENT'S FULL NAME (IF APPLICABLE | IN(l) | 1 BACKET | 2 THERED. | | | | |
| BACBIR TRANK | THEND. | | | | | | |
| CANDIDATE'S ADDRESS FOR SERVICE (MAILING ADDRESS, EMAIL ADDRESS OR FAX NUMBER) CITY/TOWN CITY/TOWN POSTAL CODE | | | | | | | |
| CITY/TOWN | PROVINCE | Po | OSTAL CODE | | | | |
| | | | | | | | |
| ELECTOR ORGANIZATION'S NAME (AND LEGAL NAME, IF DIFF | | , | | | | | |
| WHITE ROCK COALITIEN | | | | | | | |
| ELECTOR ORGANIZATION'S FINANCIAL AGENT'S FULL NAME | 16-6 | | | | | | |
| ELECTOR ORGANIZATION'S FINANCIAL AGENT'S ADDRESS FO | R SERVICE (MAILING ADDRESS | . EMAIL ADDRESS OR FAX N | UMBER) | | | | |
| CITY/TOWN ddragic 104 | | , | | | | | |
| CITY/TOWN | PROVINCE | PC | OSTAL CODE | | | | |
| | | | | | | | |
| SECTION B - AMOUNT OF EXPENSE LIMIT AVAILAB | LE TO THE CANDIDATE A | ND ELECTOR ORGANIZ | ATION | | | | |
| Under the Local Elections Campaign Financing Act, endorsed candidates share their expense limit with their elector organization. A candidate's expense limit is based on the election area and the office they intend to run for. Enter the amount of the expense limit available for the candidate and for the elector organization to spend during the campaign period. | | | | | | | |
| | 144 | | English | | | | |
| JURISDICTION WHITE ROCK | ECTION AREA | 2 | FICE SOUGHT COUNCILLED | 2 | | | |
| WATE ROCK | WHITE RO | | sur critico | | | | |
| | Candida | ite expense limit: | 8,672.36 | A | | | |
| An | nount available for the ca | andidate to spend: \$ | 4 | В | | | |
| Amount avai | lable for the elector orga | inization to spend: \$ | 8,672.36 | С | | | |
| | | L B | oxes B + C must equal E | loy A | | | |
| | | | The second secon | | | | |
| This information is collected under the authority of the Local Privacy Act. The information will be used to administer provi Privacy Officer, Elections BC 1-800-661-8683, privacy@e | sions under the Local Election | s Campaign Financing Act. | Questions can be directed to | 1 | | | |

CAMPAIGN FINANCING ARRANGEMENT



PLEASE PRINT IN BLOCK LETTERS

| SECTION C - REQUIRED NOTIFICATIONS | | | | | |
|--|-------------------------------|--|--|--|--|
| If either the candidate or the elector organization becomes aware that they have exceeded, or will exceed, the amount of the expense limit available for them to spend, they must notify the other party as soon as practicable. I am aware of: (a) the disclosure requirements in section 49(3) of the Local Elections Campaign Financing Act, and (b) the penalties in section 65.1 of the Local Elections Campaign Financing Act that may apply to me if the elector organization fails to meet its disclosure requirements or files false or misleading information. | | | | | |
| | | | | | |
| SIGNATURE OF ELECTOR ORGANIZATION'S FINANCIAL AGENT | DATE (YYYY/MM/DD) 7019 (9/20. | | | | |
| | | | | | |
| | | | | | |

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 under the Local Elections Campaign Financing Act. Questions can be directed to: Privacy Officer, Elections BC 1-800-661-8683, privacy@elections.bc.ca or PO Box 9275 Stn Prov Govt, Victoria, BC V8W 9J6