

4300 - DISCLOSURE STATEMENT COVER PAGE

LOCAL ELECTIONS CANDIDATE



GENERAL VOTING DAY (YYYY/MM/DD)  
2019/06/15

CANDIDATE'S FULL NAME <b>Elizabeth Alison Garvie</b>			BALLOT NAME (IF DIFFERENT)	
CANDIDATE'S MAILING ADDRESS <b>101-1860 W. 2nd Ave</b>			PHONE NO. <b>2146629945</b>	
CITY/TOWN <b>Vancouver</b>	PROV. <b>BC</b>	POSTAL CODE <b>V6J 1H9</b>	EMAIL (IF AVAILABLE) <b>agarvie@sbcglobal.net</b>	

JURISDICTION <b>Metro Vancouver</b> <i>Regional District</i>	OFFICE SOUGHT <b>Director</b>
ELECTION AREA <b>Electoral Area A</b>	

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

<p><b>ZERO CAMPAIGN ACTIVITY</b></p> <p>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.</p> <ol style="list-style-type: none"> <li>No income or deposits, including funds from the candidate, contributions, donations, gifts, loans, funds from previous elections, transfers, etc.</li> <li>No expenses, including signs reused from previous elections, campaign account fees, etc.</li> <li>Did not have a campaign account.</li> <li>Did not change financial agents during this election.</li> <li>Did not receive any free election advertising from their jurisdiction (see Form 4312 for description).</li> </ol>	<p><input checked="" type="checkbox"/> Tick if candidate had zero campaign activity</p>
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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 <i>[Signature]</i>	SIGNATURE OF FINANCIAL AGENT
DATE (YYYY/MM/DD) <b>2019/09/11</b>	DATE (YYYY/MM/DD)

**WARNING:** Signing a false declaration is a serious offence and is subject to significant penalties.

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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 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.

**SEE AMENDMENT**