## 4300 - DISCLOSURE STATEMENT COVER PAGE





					GENERAL VOTING DAY (YYYY/MM/DD) 2019/06/15	
CANDIDATE'S FULL NAME				BALLOT NAME (IF DIFFERENT)		
Elizabeth Alison Garvie		****				
CANDIDATE'S MAILING ADDRESS 101-1860 W. 2nd Ave				PHONE NO. 2146629945		
CITY/TOWN PROV. POSTAL CODE				EMAIL (IF AVAILABLE)		
Vancouver	ВС		1H9	agarvie@sbcglobal	.net	
JURISDICTION Metro Vancouver Regional District				OFFICE SOUGHT Director		
ELECTION AREA Electoral Area A	N. C.				The second secon	
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF	APPLICA	BLE)				
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF D	IFFEREN	₹T)	**************************************			
Tick if candidate is their own financial agent	in the state of th		Тю	k if candidate was also a	third party sponsor	
FINANCIAL AGENT'S FULL NAME (IF NOT ACTING AS OWN)			e lijim na veza osa dar, an ili managar e apar	EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)		
FINANCIAL AGENT'S MAILING ADDRESS				PHONE NO.		
CITY/TOWN	PROV.	POSTAL	CODE	EMAIL (IF AVAILABLE)	er fan i'r 1920 o y 1930 o	
ZERO CAMPAIGN ACTIVITY	en e	Assessment of the last of	And the second s	The complete to the complete expension of the complete expension of the complete experience of the complete expension of t		
<ul> <li>Candidates with zero campaign activity may file this form on applicable to the campaign.</li> <li>No income or deposits, including funds from the cand previous elections, transfers, etc.</li> <li>No expenses, including signs reused from previous el 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</li> </ul>	idate, co lections,	ntribution: campaign	s, donation	ons, gifts, loans, funds from fees, etc.	Tick if candidate had zero campaign activity	
NOTE - ENDORSED CANDIDATES MUST ALSO				and the property of the second	FINANCING ARRANGEMENT.	
<b>DECLARATION:</b> 1, the undersigned, declare that to the best of my knowledg required under the Local Elections Campaign Financing Ac	e and be	elief, this d	lisclosure	statement completely and	accurately discloses the information	
IGNATURE OF CANDIDATE SIGNA			SIGNATU	TURE OF FINANCIAL AGENT		
DATE (YYYY/MM/DD)  2019/09/11				YYY/MM/DD)		
WARNING: Signing a false declaration is a serious offence	e and is	subject to	significa	nt penalties.	Procedure to the second contract and a second contract of the	

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## LOCAL ELECTIONS CANDIDATE

					2019/06/15	
CANDIDATE'S FULL NAME				BALLOT NAME (IF DIFFERENT)		
Elizabeth Alison Garvie						
CANDIDATE'S MAILING ADDRESS				PHONE NO.		
101-1860 W. 2nd Ave	2146629945					
CITY/TOWN Vancouver	PROV.	POSTAL		EMAIL (IF AVAILABLE)	./	
		V6J	ına	agarvie@sbcglobal	.ner	
JURISDICTION  Metro Vancouver				OFFICE SOUGHT  Director		
ELECTION AREA				Director		
Electoral Area A						
ALLOT NAME OF ENDOPENIO ELECTOR ODGANIZATION O	F 100101	ni es				
ALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (I	F APPLICA	BLE)				
EGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF	DIFFEREN	IT)		<del>aranaran da seria da seria de la constanta de</del>	the forest the second of the s	
<i></i>		,				
7 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -		a distriction	<b>—</b>			
Tick if candidate is their own financial agent			lid	rif candidate was also a	third party sponsor	
INANCIAL AGENT'S FULL NAME (IF NOT ACTING AS OWN)				EFFECTIVE DATE OF APPO	DINTMENT (YYYY/MM/DD)	
INAMENAL ACCUSE MAILING ADDRESS			<u> </u>		00-1500 A MARIA A A A A A A A A A A A A A A A A A A	
INANCIAL AGENT'S MAILING ADDRESS		/	/	PHONE NO.		
CITY/TOWN	PROV. POSTAL CODE			EMAIL (IF AVAILABLE)		
				min in the feet have read from the second		
ERO CAMPAIGN ACTIVITY		<b>Y</b>				
andidates with zero campaign activity may file this form of	only. If any	of the cond	titions ar	e not met, file other forms		
oplicable 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.						
<ul> <li>Did not have a campaign account,</li> <li>Did not change financial agents during this election.</li> </ul>					Per opportunities	
. Did not receive any free election advertising from the	eir jurisdic	tion (see F	orm 431	2 for description).		
OTE - ENDORSED CANDIDATES MUST ALS	OINCL	UDE A C	OPY O	F THEIR CAMPAIGN	FINANCING ARRANGEMEN	
ECLARATION:						
the undersigned, declare that to the best of my knowled quired under the Local Elections Campaign Financing A	ige and be	elief, this di	sclosure	statement completely and	accurately discloses the information	
GNATURE OF CANDIDATE	ici.		iosen Tric			
			SIGNATURE OF FINANCIAL AGENT			
ATE (YYYY/MM/DD)	01-060000000000000000000000000000000000	r	ATE (YY)	(Y/MM/DD)		
	019/09/11					
*/ U/1/ /// / I		1				

This form is evailable 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 administre provisions under the Local Elections Campaign Financing Act. Questions can be directed to: Privacy Officer, Elections BC 1-80-56 1-863. privacy@elections.bc.ca or PO Box 9275 Stn Prov Qovt, Victoria BC VBW 935.