

4300 - DISCLOSURE STATEMENT COVER PAGE
LOCAL ELECTIONS CANDIDATE



| | | | | | |
|---|-------------|------------------------|---|---|--|
| | | | | GENERAL VOTING DAY (YYYY/MM/DD) 2018/10/20 | |
| CANDIDATE'S FULL NAME Travis Daryl Hauck | | | BALLOT NAME (IF DIFFERENT) Travis Hauck | | |
| CANDIDATE'S MAILING ADDRESS 1203 McQuarrie Ave | | | PHONE NO. 250-509-0426 | | |
| CITY/TOWN Nelson | PROV. BC | POSTAL CODE V1L 1B4 | EMAIL (IF AVAILABLE) travis_hauck@yahoo.com | | |
| JURISDICTION Nelson BC | | | OFFICE SOUGHT Councillor | | |
| ELECTION AREA Nelson BC | | | | | |
| BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE) CORE | | | | | |
| LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF DIFFERENT) Coalition Of Responsible Elector | | | | | |
| <input checked="" type="checkbox"/> Tick if candidate is their own financial agent | | | <input type="checkbox"/> 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) | | |
| 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"> 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 change financial agents during this election. 5. Did not receive any free election advertising from their jurisdiction (see Form 4312 for description). | | | | | <input checked="" type="checkbox"/> Tick if candidate had zero campaign activity |
| 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 <i>Local Elections Campaign Financing Act</i> . | | | | | |
| SIGNATURE OF CANDIDATE | | | SIGNATURE OF FINANCIAL AGENT | | |
| DATE (YYYY/MM/DD) 2018/11/22 | | | DATE (YYYY/MM/DD) | | |
| WARNING: Signing a false declaration is a serious offence and is subject to significant penalties. | | | | | |

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. This information will be used to administer provisions under the Local Elections Campaign Financing Act. Questions can be directed to: Privacy Officer, Elections BC 1-800-461-0063, privacy@elections.bc.ca or PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6.

4300 - DISCLOSURE STATEMENT COVER PAGE
LOCAL ELECTIONS CANDIDATE



SEE AMENDMENT

GENERAL VOTING DAY (YYYY/MM/DD)
 2018/10/20

| | | | |
|---|-------------|--|--|
| CANDIDATE'S FULL NAME Travis Daryl Hauck | | BALLOT NAME (IF DIFFERENT) Travis Hauck | |
| CANDIDATE'S MAILING ADDRESS 1203 McQuarrie Ave | | PHONE NO. 250-509-0426 | |
| CITY/TOWN Nelson | PROV. BC | POSTAL CODE V1L1B4 | EMAIL (IF AVAILABLE) travis_hauck@yahoo.com |

| | |
|----------------------------|---------------|
| JURISDICTION Nelson BC | OFFICE SOUGHT |
| ELECTION AREA Nelson BC | |

BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)
CORE

LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF DIFFERENT)
 Coalition Of Responsible Elector

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) |

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, etc.
- 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).

Tick if candidate had zero campaign activity

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*.

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|---------------------------------|------------------------------|
| SIGNATURE OF CANDIDATE | SIGNATURE OF FINANCIAL AGENT |
| DATE (YYYY/MM/DD) 2018/11/22 | DATE (YYYY/MM/DD) |

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CAMPAIGN FINANCING ARRANGEMENT



PLEASE PRINT IN BLOCK LETTERS

GENERAL VOTING DAY (YYYY/MM/DD)

2018/10/20

SECTION A - CONTACT INFORMATION

CANDIDATE'S FULL NAME (AND BALLOT NAME, IF DIFFERENT)

~~TRAVIS HAUCK~~ DARYL HAUCK TRAVIS HAUCK

CANDIDATE'S FINANCIAL AGENT'S FULL NAME (IF APPLICABLE)

TRAVIS DARYL HAUCK

CANDIDATE'S ADDRESS FOR SERVICE (MAILING ADDRESS, EMAIL ADDRESS OR FAX NUMBER)

1203 MCQUARRIE AVE

CITY/TOWN

NELSON

PROVINCE

BC

POSTAL CODE

V1L 1B4

ELECTOR ORGANIZATION'S NAME (AND LEGAL NAME, IF DIFFERENT)

COALITION OF RESPONSIBLE ELECTORS

ELECTOR ORGANIZATION'S FINANCIAL AGENT'S FULL NAME

ANDREW JOHN COWAN

ELECTOR ORGANIZATION'S FINANCIAL AGENT'S ADDRESS FOR SERVICE (MAILING ADDRESS, EMAIL ADDRESS OR FAX NUMBER)

517 VICTORIA STREET

andy@cowans.org

CITY/TOWN

NELSON

PROVINCE

BC

POSTAL CODE

V1L 4K7

SECTION B - AMOUNT OF EXPENSE LIMIT AVAILABLE TO THE CANDIDATE AND ELECTOR ORGANIZATION

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.

JURISDICTION

NELSON

ELECTION AREA

NELSON

OFFICE SOUGHT

COUNCILLOR

Candidate expense limit:

\$ 5610 A

Amount available for the candidate to spend:

\$ 2805 B

Amount available for the elector organization to spend:

\$ 2805 C

Boxes B + C must equal Box A

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THIS FORM IS AVAILABLE FOR PUBLIC INSPECTION

PLEASE TURN OVER →

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 CANDIDATE

DATE (YYYY/MM/DD)

2018/09/21

SIGNATURE OF CANDIDATE'S FINANCIAL AGENT (IF APPLICABLE)

DATE (YYYY/MM/DD)

2018/09/21

SIGNATURE OF ELECTOR ORGANIZATION'S FINANCIAL AGENT

DATE (YYYY/MM/DD)

2018/09/21

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