

4300 - DISCLOSURE STATEMENT COVER PAGE
LOCAL ELECTIONS CANDIDATE



GENERAL VOTING DAY (YYYY/MM/DD)
 2019/07/13

CANDIDATE'S FULL NAME Yvonne Adelle Moon		BALLOT NAME (IF DIFFERENT) Yvonne Moon	
CANDIDATE'S MAILING ADDRESS PO Box 71 Apt # 103 PO Box 73		PHONE NO. 867-333-4262	
CITY/TOWN Lower Post	PROV. BC	POSTAL CODE V0C 1W0	EMAIL (IF AVAILABLE) yvonnemoon76@gmail.com

JURISDICTION SD87 - Stikine School District	OFFICE SOUGHT Board of Education Trustee
--	---

ELECTION AREA
Trustee Election Area 2

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)

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.

SIGNATURE OF CANDIDATE <i>Yvonne Moon</i>	SIGNATURE OF FINANCIAL AGENT
DATE (YYYY/MM/DD) October 1, 2019	DATE (YYYY/MM/DD)

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

4300 - DISCLOSURE STATEMENT COVER PAGE
LOCAL ELECTIONS CANDIDATE



SEE AMENDMENT

GENERAL VOTING DAY (YYYY/MM/DD)
 2019/07/13

CANDIDATE'S FULL NAME Yvonne Adelle Moon		BALLOT NAME (IF DIFFERENT) Yvonne Moon	
CANDIDATE'S MAILING ADDRESS PO Box 71 Apt # 103		PHONE NO. 867-333-4262	
CITY/TOWN Lower Post	PROV. BC	POSTAL CODE V0C 1W0	EMAIL (IF AVAILABLE) yvonnemoon76@gmail.com

JURISDICTION SD87 - Stikine School District	OFFICE SOUGHT Board of Education Trustee
ELECTION AREA Trustee Election Area 2	

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>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.</p> <ol style="list-style-type: none"> 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). 	<p><input checked="" type="checkbox"/> Tick if candidate had zero campaign activity</p>
---	---

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>Yvonne Moon</i>	SIGNATURE OF FINANCIAL AGENT
DATE (YYYY/MM/DD) October 1, 2019	DATE (YYYY/MM/DD)

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