## 4300 - DISCLOSURE STATEMENT COVER PAGE LOCAL ELECTIONS CANDIDATE



			GENERAL VOTING DAY (YYYY/MM/DD) 2019/11/02
CANDIDATE'S FULL NAME Stephen Christopher Ashton		BALLOT NAME (IF DIFFER) Stephen Ashton	ENT)
CANDIDATE'S MAILING ADDRESS PO Box 702 CITY/TOWN	PROV. POSTAL CODE	PHONE NO. 250-726-5355  EMAIL (IF AVAILABLE)	
Tofino JURISDICTION	BC VOR 2Z0	stephen@stephena	ashton.com
TOfino ELECTION AREA Tofino		Councillor	
SALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (I	FAPPLICABLE)	i se eta principa giorina se escribera	diski prist
EGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF	DIFFERENT)	Barrier and the second	The state of the s
✓ Tick if candidate is their own financial agent	Ţ	ck if candidate was also	a third party sponsor.
INANCIAL AGENT'S FULL NAME (IF NOT ACTING AS OWN)		EFFECTIVE DATE OF AP	POINTMENT (YYYY/MM/DD)
INANCIAL AGENT'S MAKING ADDRESS		PHONE NO.	
CITY/TOWN .	PROV. POSTAL CODE	EMAIL (IF AVAILABLE)	
ZERO CAMPAIGN ACTIVITY Candidates with zero campaign activity may file this form applicable to the campaign.  No income or deposits, including funds from the camprevious elections, transfers, etc.  No expenses, including signs reused from previous Did not have a campaign account.  Did not change financial agents during this election Did not receive any free election advertising from the	ndidate, contributions, don elections, campaign acco	ations, gifts, loans, funds funds funds funds funds for the second funds for description).	rom Tick if candidate had zero campaign activity
NOTE - ENDORSED CANDIDATES MUSTIAL	SO INCLUDE A COP	OF THEIR CAMPAI	GN FINANCING ARRANGEMEN
DECLARATION: the undersigned, declare that to the best of my knowled equired under the Local Elections Campaign Financing	Act.		
SIGNATURE OF CANDIDATE		ATURE OF FINANCIAL AGEN	T
DATE (YYYY/MM/DD) 2019.11-11			indiana di Parisi da Parisi da Parisi da Parisi da P
VARNING: Signing a false declaration is a serious offer	ence and is subject to sign	ficant penalties.	Anglijstik, zak ji tessine. Komistanje kalendar

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## ELECTIONS B.C. A non-partisan Office of the Legislature

		negovak ta	GENERAL VOTING DAY (YYYY/MM/DD) 2019/11/02
CANDIDATE'S FULL NAME Stephen Christopher Ashton  CANDIDATE'S MAILING ADDRESS  PO Box 702		BALLOT NAME (IF DIFFERENT) Stephen Ashton	
		PHONE NO. 250-726-5355	
CITY/TOWN Tofino	PROV. BC	POSTAL CODE 1	stephen@stephenashton.com
JURISDICTION Tofino			OFFICE SOUGHT/ Councillor
ELECTION AREA Tofino			
BALLOT NAME OF ENDORSING ELECTOR ORGA	ANIZATION (IF APPLICAT	BLE)	
EGAL NAME OF ENDORSING ELECTOR ORGA	NIZATION (IF DIFFEREN	n /	
✓ Tick if candidate is their own finang	jaLagent	் ப	ck if candidate was also a third party sponsor
INANCIAL AGENT'S FULL NAME (IF NOT ACTIN	IG AS OWN)	1	EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)
Vivile Commission Commission / Commission Commission			
FINANCIAL AGENT'S MAJEING ADDRESS	7		PHONE NO.
FINANCIAL AGENT'S MAINING ADDRESS	PROV	POSTAL CODE	PHONE NO.  EMAIL (IF AVAIL BLE)

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
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A. V.	DATE (YYYY/MM/DD)	DATE (YYYY/MAJADD):
1054.2	2019.11-11	records / condenses to a recommendation of the process and a state of the second sections of
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WARNING: Signing a false declaration is a serious offence and is subject to significant penalties.