

4300 - DISCLOSURE STATEMENT COVER PAGE

LOCAL ELECTIONS CANDIDATE



Amendment # _____

				GENERAL VOTING DAY (YYYY/MM/DD) 2020/04/17	
CANDIDATE'S FULL NAME Gordon Everett MacKinnon			BALLOT NAME (IF DIFFERENT)		
CANDIDATE'S MAILING ADDRESS 414 -1300 Yates Street,			PHONE NO. 250-598-6831		
CITY/TOWN Victoria	PROV. BC	POSTAL CODE V8S 1Z9	EMAIL (IF AVAILABLE) gord@datasure.com		
JURISDICTION Victoria			OFFICE SOUGHT Councillor		
ELECTION AREA Victoria					
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)					
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF DIFFERENT)					
<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					<input type="checkbox"/> Tick if candidate had zero campaign activity
<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"> 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). 					
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 Gordon MacKinnon			SIGNATURE OF FINANCIAL AGENT Gordon MacKinnon		
DATE (YYYY/MM/DD) 2020/06/17			DATE (YYYY/MM/DD) 2020/06/17		
WARNING: Signing a false declaration is a serious offence and is subject to significant penalties.					

4301 - CAMPAIGN FINANCING SUMMARY

LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE Gordon MacKinnon

Value of campaign contributions from all sources (box A on Form 4302)	
Amount of all permissible loans received (box B on Form 4304)	
Other deposits into campaign account and in-kind transfers (box A on Form 4305)	
TOTAL INFLOWS (sum of above boxes)	0.00
Election period expenses (box A on Form 4307)	
Campaign period expenses (box B on Form 4307)	
Exclusions from election period expenses (box D on Form 4307)	
Exclusions from campaign period expenses (box E on Form 4307)	
Other payments from campaign account and in-kind transfers (box A on Form 4309)	
Amount of surplus funds disbursed (box A on Form 4311)	
TOTAL OUTFLOWS (sum of above boxes)	0.00

Campaign Account(s)	
NAME OF SAVINGS INSTITUTION	Bank of Montreal, [REDACTED]
ADDRESS	1225 Douglas Street, Victoria, BC V8W 2E6
NAME OF SAVINGS INSTITUTION	
ADDRESS	