

4300 - DISCLOSURE STATEMENT COVER PAGE

LOCAL ELECTIONS CANDIDATE

**ELECTIONS**

A non-partisan Office of the Legislature

Amendment # _____

GENERAL VOTING DAY (YYYY/MM/DD) 2021/05/29

CANDIDATE'S FULL NAME Karina Lynn Reid		BALLOT NAME (IF DIFFERENT) Karina Reid	
CANDIDATE'S MAILING ADDRESS 6-12411 Trites Rd		PHONE NO. 604-318-5353	
CITY/TOWN Richmond	PROV. BC	POSTAL CODE V7E 6J7	EMAIL (IF AVAILABLE) karina@karinareid.ca
JURISDICTION Richmond		OFFICE SOUGHT Councillor	
ELECTION AREA Richmond			

BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE) RITE Richmond
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF DIFFERENT) RITE Richmond

☐ 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) James Regan Day		EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD) 2021/04/01	
FINANCIAL AGENT'S MAILING ADDRESS 11631 Seahurst Rd		PHONE NO. 604-271-7761	
CITY/TOWN Richmond	PROV. BC	POSTAL CODE V7A 4K1	EMAIL (IF AVAILABLE) jamesday@shaw.ca

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.

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).

☒ 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 	SIGNATURE OF FINANCIAL AGENT
DATE (YYYY/MM/DD) 2021 07 14	DATE (YYYY/MM/DD) 2021 07 14

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

CAMPAIGN FINANCING ARRANGEMENT

PLEASE PRINT IN BLOCK LETTERS

GENERAL VOTING DAY (YYYY/MM/DD)

May 29 / 2021

SECTION A – CONTACT INFORMATION

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

Karina Reid

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

James Regan Day

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

6-12411 Trites Rd

CITY / TOWN

Richmond

PROVINCE

BC

POSTAL CODE

V7E 6J17

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

RITE Richmond

ELECTOR ORGANIZATION'S FINANCIAL AGENT'S FULL NAME

James Regan Day

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

James Regan Day, 11631 Seahurst Rd

CITY / TOWN

Richmond

PROVINCE

BC

POSTAL CODE

V7A 4K1

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	ELECTION AREA	OFFICE SOUGHT
Richmond	Richmond	Councillor

Candidate expense limit:

\$ 66,311.90 ^{KL}	A
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Amount available for the candidate to spend:

\$ 0	B
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Amount available for the elector organization to spend:

\$ 66,311.90 ^{KL}	C
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Boxes B + C must equal Box A

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 administer provisions under the *Local Elections Campaign Financing Act*. Questions can be directed to: **Privacy Officer, Elections BC** 1-800-661-8683, privacy@elections.bc.ca or PO Box 9275 Stn Prov Govt, Victoria, BC V8W 9J6

ORIGINAL — ELECTIONS BC
PLEASE KEEP A COPY FOR YOUR RECORDS
THIS FORM MUST BE FILED WITH ELECTIONS BC
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)

2021 04 29

SIGNATURE OF CANDIDATE'S FINANCIAL AGENT (IF APPLICABLE)

DATE (YYYY/MM/DD)

2021 04 29

SIGNATURE OF ELECTOR ORGANIZATION'S FINANCIAL AGENT

DATE (YYYY/MM/DD)

2021 04 29

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