



DISCLOSURE STATEMENT COVER PAGE
LOCAL ELECTIONS CANDIDATE

4300
(22/02)

FAX No. 1-866-466-0665

Amendment # _____

GENERAL VOTING DAY (YYYY/MM/DD)
2022/10/15

CANDIDATE'S FULL NAME Ms. SARDJ (ROSE) SHARMA		BALLOT NAME (IF DIFFERENT) ROSE SHARMA	
CANDIDATE'S MAILING ADDRESS P.O. BOX 481		PHONE NUMBER 250-425-6900	
CITY/TOWN SPARWOOD	PROV. BC	POSTAL CODE V0B 2G0	EMAIL (IF AVAILABLE)

JURISDICTION MUNICIPALITY OF SPARWOOD	OFFICE SOUGHT COUNCILLOR
ELECTION AREA EAST ROTTENY	

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 NUMBER	
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.

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.

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 X [Signature]	SIGNATURE OF FINANCIAL AGENT
DATE (YYYY/MM/DD) 2022/10/21	DATE (YYYY/MM/DD)

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

Please submit your report to Elections BC: electoral.finances@elections.bc.ca

All forms included in this report are 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*. 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 St. Prov. Govt, Victoria BC V6W 9J6.