

DISCLOSURE STATEMENT COVER PAGE
LOCAL ELECTIONS CANDIDATE

4300
(22/02)

Amendment # _____

CANDIDATE'S FULL NAME MICHELLE JOEL W. BOLTT			GENERAL VOTING DAY (YYYY/MM/DD) 2022/10/15	
CANDIDATE'S MAILING ADDRESS #329-1961 Douglas St.			BALLOT NAME (IF DIFFERENT) MICHELLE W. BOLTT	
CITY/TOWN Victoria		PHONE NUMBER 250 507 8451	EMAIL (IF AVAILABLE) michellewboltt@at10at.com	
JURISDICTION CRD	PROV. BC	POSTAL CODE V8T 1K1	OFFICE SOUGHT Mayor / School Trustee	
ELECTION AREA VICTORIA				
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE) N/A				
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF DIFFERENT) N/A				
<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 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.

- 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.

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) 2022/10/24	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.finance@elections.bc.ca

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** 1-800-661-8111 or privacy@elections.bc.ca or PO Box 9275 Stn Prov Govt, Victoria BC V8W 9B1