

Amendment # _____

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

CANDIDATE'S FULL NAME Robert William Morris		BALLOT NAME (IF DIFFERENT) Bob Morris	
CANDIDATE'S MAILING ADDRESS 1922 Ocean Beach Esplanade		PHONE NUMBER 604-989-9170	
CITY/TOWN Gibsons	PROV. B.C.	POSTAL CODE V0N 1V5	EMAIL (IF AVAILABLE) bobmorris@telus.net

JURISDICTION Gibsons, B.C.	OFFICE SOUGHT Councillor
ELECTION AREA Gibsons, B.C.	

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

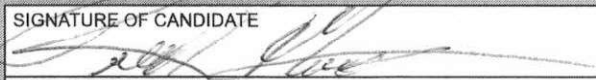
Candidates with zero campaign activity may file this form only. If any of the conditions **are not met**, file other forms applicable to the campaign.

- 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) 2022/10/19	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