

Amendment # **1**

GENERAL VOTING DAY (YYYY/MM/DD)
2 2022/10/15

CANDIDATE'S FULL NAME RON SAAD		BALLOT NAME (IF DIFFERENT) SONNY	
CANDIDATE'S MAILING ADDRESS P/O Box 818 3		PHONE NUMBER 250 425-3733	
CITY/TOWN SPARWOOD	PROV. BC	POSTAL CODE V0B 2G0	EMAIL (IF AVAILABLE) saa@telus.net
JURISDICTION 4 MUNICIPAL		OFFICE SOUGHT 5 COUNCILLOR	
ELECTION AREA 6 SPARWOOD			

BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE) 7 N/A
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF DIFFERENT) N/A

8 Tick if candidate is their own financial agent **N/A** **9** Tick if candidate was also a third party sponsor **N/A**

FINANCIAL AGENT'S FULL NAME (IF NOT ACTING AS OWN) 10 N/A	EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD) 11 N/A
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.

12 Tick if candidate had zero campaign activity

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. **N/A**

NOTE - ENDORSED CANDIDATES MUST ALSO INCLUDE A COPY OF THEIR CAMPAIGN FINANCING ARRANGEMENT.

DECLARATION: 13
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 Ron Saad	SIGNATURE OF FINANCIAL AGENT N/A
DATE (YYYY/MM/DD) 2022/10/25	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