

DISCLOSURE STATEMENT COVER PAGE LOCAL ELECTIONS CANDIDATE

4300 (22/02)

				Amendment #
				GENERAL VOTING DAY (YYYY/MM/DD) 2022/10/15
CANDIDATE'S FULL NAME	2 /		BALLOT NAME (IF DIF	FERENT)
CANDIDATE'S MAILING ADDRESS	101		PHONE NUMBER	
546 OOTISCHENIA RI)				8853
CASTLEGAR I	PROV.	POSTAL CODE VIN 14M4	EMAIL (IF AVAILABLE)	ed 20.bc.ca
JURISDICTION 8D20-KOOTENAY-COLUMB	SIA	ScHOOL DIS	OFFICE SOUGHT J	DARD OF EDUCATION
ELECTION AREA				
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (I	IF APPLI	CABLE)		-
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF	DIFFER	RENT)		
Tick if candidate is their own financial agent		Tio	ck if candidate was als	o 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 on forms applicable to the campaign.	lly. If any	of the conditions	are not met, file other	
 No income or deposits, including funds from the candifrom previous elections, transfers, etc. No expenses, including signs reused from previous el Did not have a campaign account. 				Tick if candidate had zero campaign activity
4. Did not change financial agents during this election.				

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

I, the undersigned, declare that to the best of my knowledge and belief, this disclosure statement completely and accurately discloses the information

SIGNATURE OF FINANCIAL AGENT

DATE (YYYY/MM/DD)

required under the Local Elections Campaign Financing Act.

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

2022

DECLARATION:

DATE (YYYY/MM/DD)

SIGNATURE OF CANDIDATE