

DISCLOSURE STATEMENT COVER PAGE LOCAL ELECTIONS CANDIDATE

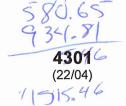
4300 (22/02)

				Amenament #
				GENERAL VOTING DAY (YYYY/MM/DD) 2022/10/15
CANDIDATE'S FULL NAME	ton		BALLOT NAME (IF DIFFE	RENT)
CANDIDATE'S MAILING ADDRESS CITY/TOWN	PROV. PO	OSTAL CODE	PHONE NUMBER EMAIL (IF AVAILABLE)	7 3 1 3 2.
Lumby		SE 260	Keun	5@ Live, Ca.
JURISDICTION /			OFFICE SOUGHT	- +
ELECTION AREA	,			
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION	(IF APPLICAL	BLE)		
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (I	F DIFFEREN	T)	-	
Tick if candidate is their own financial agent		Tick	k if candidate was also	
FINANCIAL AGENT'S FULL NAME (IF NOT ACTING AS OWN)			EFFECTIVE DATE OF AP	POINTMENT (YYYY/MM/DD)
FINANCIAL AGENT'S MAILING ADDRESS			PHONE NUMBER	
CITY/TOWN	PROV. PC	OSTAL CODE	EMAIL (IF AVAILABLE)	
ZERO CAMPAIGN ACTIVITY Candidates with zero campaign activity may file this form of forms applicable to the campaign.	nly. If any of	the conditions a	are not met, file other	Tiels if condidate had
 No income or deposits, including funds from the can from previous elections, transfers, etc. No expenses, including signs reused from previous a 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 ALS	O INCLUI	DE A COPY	OF THEIR CAMPAIG	N FINANCING ARRANGEMENT.
DECLARATION: I, the undersigned, declare that to the best of my knowledge required under the <i>Local Elections Campaign Financing A</i>		f, this disclosure	e statement completely an	d accurately discloses the information
SIGNATURE OF CANDIDATE			RE OF FINANCIAL AGENT	-
DATÉ (YÝYY/MM/DD) 2022 11 25		DATE (YY	(YY/MM/DD)	
WARNING: Signing a false declaration is a serious offend	a and ie euh	lost to cianifica	nt nonaltica	

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



CAMPAIGN FINANCING SUMMARY LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE	Jamos Acton.
INCOME	
	Value of campaign contributions from all sources (box A, Form 4302)
	Amount of all permissible loans received (box B , Form 4304)
	Other income and transfers received (box A, Form 4305)
	TOTAL INCOME (sum of above boxes)
EXPENSES	
	Election period expenses (box A, Form 4307)
	Campaign period expenses (box B , Form 4307)
	Election period expenses not subject to limits (box D , Form 4307)
	Campaign period expenses not subject to limits (box E, Form 4307)
	Other expenses and transfers given (box A, Form 4309)
Balance remaining	in campaign account(s) after payment of all expenses (box A , Form 4311)
	TOTAL EXPENSES (sum of above boxes)
Campaign Account(s)	
NAME OF SAVINGS INSTITUTIO	of Wova Scotus.
ADDRESS 1989	Vernon st Lumby B.C.
NAME OF SAVINGS INSTITUTIO	N

ADDRESS



SUMMARY OF CAMPAIGN CONTRIBUTIONS

LOCAL ELECTIONS CANDIDATE

4302 (22/03)

NAME OF CANDIDATE OUIN James A	cton
Campaign contributions include monetary and in-kind contributions from the candidate must be reported in Do not include anonymous contributions with contributions le	in the same way as contributions from other sources.
Number of contributors who gave less than \$100 #	Total contributions of less than \$100 \$
Number of anonymous contributors #	Anonymous contributions \$
Total value of contribution	ons of \$100 or more (box A, Form 4303)
	TOTAL CONTRIBUTIONS \$ A



CAMPAIGN CONTRIBUTIONS WITH A TOTAL VALUE OF \$100 OR MORE

LOCAL ELECTIONS CANDIDATE

4303 (22/03)

ME OF CANDIDATE	James	Acton					PAGE
ach additional forms if necessary.							
	CONTRIBU	TOR'S RESIDENTIAL ADDRESS	70-70-0-00		DATE	CONTRIBUTION	TOTAL OF
FULL NAME OF CONTRIBUTOR	CONTRIBU	TOR'S RESIDENTIAL ADDRESS	PROV.	POSTAL CODE	RECEIVED	CONTRIBUTION AMOUNT	TOTAL OF CONTRIBUTO

			-		
,					
		s	UBTOTAL OF THIS PAGE		
		TOTAL CON	ITRIBUTIONS FORM(S) 4303	A	



PERMISSIBLE LOANS RECEIVED LOCAL ELECTIONS CANDIDATE

4304 (22/02)

NAME OF CANDIDATE	James A Lon	PAGE
Complete one entry for each permise Permissible loans from the candidat	sible loan received. Attach additional for e must be disclosed in the same way as	ms if necessary. permissible loans from other sources.
OAN		
NAME OF LENDER		
RESIDENTIAL ADDRESS OF LENDER (IF INDIV	/IDUAL)	
LOAN DETAILS		
DATE RECEIVED (YYYY/MM/DD)	DATE DUE (YYYY/MM/DD)	\$ ORIGINAL AMOUNT OF LOAN
\$ AMOUNT OF LOAN OUTSTANDING	LOAN INTEREST RATE %	PRIME RATE* %
Report all loan payments on Form 4	309.	
LOAN		
NAME OF LENDER		*
RESIDENTIAL ADDRESS OF LENDER (IF INDIV	/IDUAL)	· · · · · · · · · · · · · · · · · · ·
LOAN DETAILS		
DATE RECEIVED (YYYY/MM/DD)	DATE DUE (YYYY/MM/DD)	\$ ORIGINAL AMOUNT OF LOAN
\$ AMOUNT OF LOAN OUTSTANDING	LOAN INTEREST RATE %	PRIME RATE* %
Report all loan payments on Form 4	309.	

(Sum of all boxes A on Form(s) 4304)

RESIDENTIAL ADDRESS:
REQUIRED FOR INDIVIDUAL LENDERS ONLY

*PRIME RATE OF INTEREST:
REQUIRED FOR LOANS FROM SAVINGS INSTITUTIONS – AVAILABLE ON ELECTIONS BC WEBSITE



OTHER INCOME AND TRANSFERS RECEIVED

4305 (22/03)

NAME OF CANDIDATE	AME OF CANDIDATE PAGE OF				
Report all transfers received	and income that are not campaign contributions or loans on this form.		75 202		
DATE (YYYY/MM/DD)	DESCRIPTION	\$ AMOUNT			
		<u> </u>			
			-		
	TOTAL		Α		



PROHIBITED CAMPAIGN CONTRIBUTIONS AND LOANS

4306 (22/02)

NAME OF CANDIDATE	James	Acton			PAGE OF
Complete one entry for each prohibi	ted campaign contri	bution or loan receiv	ed. Attach additional	forms if n	ecessary.
PROHIBITED CONTRIBUTION					
RECEIVED FROM	DATE RECEIVED	\$ VALUE	DATE RETURNED	OR	DATE REMITTED TO ELECTIONS BC
INDIVIDUAL ORGANIZATION	(YYYY/MM/DD)		(YYYY/MM/DD)		(YYYY/MM/DD)
ANONYMOUS					
DESCRIPTION OF HOW THE PROHIBITED	CONTRIBUTION WAS RE	CEIVED			
FULL NAME OF INDIVIDUAL OR ORGANIZA	TION				
ADDRESS OF ORGANIZATION, IF APPLICA	RIE				
ADDICEOU OF ORGANIZATION, IF AFT EIGA	BLL				
PROHIBITED LOAN					
DESCRIPTION OF HOW THE PROHIBITED	LOAN WAS RECEIVED			RETU	DATE RNED TO LENDER
				(YYYY/MM/DD)
NAME OF LENDER					
DATE RECEIVED (YYYY/MM/DD)	DATE DUE (YY	YY/MM/DD)	\$ ORIGINAL A	MOUNT OF I	OAN
LOAN INTEREST RATE %		PRIME RATE*	%		



SUMMARY OF ELECTION EXPENSES

4307 (22/03)

Election Period Expenses - Report the value of all goods and services used Campaign Period Expenses - Report the value of all goods and services us f goods and services were used in both periods, report the full amount use	ed in the campaign perio	
ADVERTISING	ELECTION PERIOD EXPENSES	CAMPAIGN PERIOD EXPENSES
Commercial canvassing in person, by telephone, or over the internet		
Newspapers and periodicals		
Promotional materials, including newsletters, brochures, buttons and novelty items Radio		
Search engine marketing and optimization		
Signs		
Value of reused signs	1	
Social media	4	
Television [
Website displays	./.	
Other expenses (describe)		4
CAMPAIGN ADMINISTRATION		
Accounting services		
Bank charges		
Conventions, workshops and meetings		
Donations and gifts		
Fundraising functions	<u>-</u>	
Furniture and equipment		
Interest expense Office rent, utilities, insurance and maintenance		
Office supplies and stationary		
Postage and courier		
Professional services		:
Research and data, including election surveys and polls		
Salaries and benefits		
Social functions		
Subscriptions and dues		
Telecommunications and information technology		
Travel		
Other expenses (describe)		
TOTAL EXPENSES	A	T E
CAMPAIGN P	ERIOD EXPENSE LIMIT	To
ELECTION EXPENSES NOT SUBJECT TO LIMITS	ELECTION PERIOD	CAMPAIGN PERIOD
Personal election expenses		
Financial agent services		
Legal and accounting services Interest on loans for election expenses		A
interest on loans for election expenses. [6 <u> </u>



SHARED ELECTION EXPENSES LOCAL ELECTIONS CANDIDATE

4308 (22/02)

Report the total value of all shared election expenses each unique group of candidates that shared election Attach additional forms if necessary.		le column for each p	eriod. Use a sepa	PAGE OF
	ELECTIO	N PERIOD	CAMPAIG	N PERIOD
Total value of shared election expenses				
Candidate's portion of shared election expenses				
Amount paid to supplier(s) (if applicable)	t			
Provide the full names of other candidates the electic either received from other candidates for their portion full NAME(S) OF OTHER CANDIDATE(S)	n or paid to oth ELECTIO	re shared with and the candidates for you N PERIOD eimbursement	r portion. CAMPAIG	mbursements N PERIOD eimbursement
TOLE NAME(S) OF OTHER CANDIDATE(S)	\$ Paid	\$ Received	\$ Paid	\$ Received



OTHER EXPENSES AND TRANSFERS GIVEN LOCAL ELECTIONS CANDIDATE

4309 (22/03)

NAME OF CANDIDATE	PAGE
tana palainin kangalah pangangan kangan angan pangan kangan kangan kangan kangan kangan kangan kangan kangan k	

DATE		
DATE YYY/MM/DD)	DESCRIPTION	\$ AMOUNT



FUNDRAISING FUNCTION LOCAL ELECTIONS CANDIDATE

4310 (22/02)

NAME OF CANDIDATE	Actor.	PAGE OF
Complete a separate form for each function.		
DATE OF FUNCTION (YYYY/MM/DD) DESCRIPTION OF F	FUNDRAISING FUNCTION (IF JOINT FUNCTION, LIST OTHER CANDIDAT	E(S))
A – FUNDRAISING INCOME REPORTED AS	CAMPAIGN CONTRIBUTIONS	
All income reported as campaign contributions mu	ist also be included on Form 4302 and, if applicable, Form	1303.
TICKET SALES (includes function entry fees)	NUMBER OF CHARGE CHARGES TICKETS SOLD PER TICKET COLLECTED	TICK IF CHARGE PER TICKET VARIES
Purchases by eligible individuals of more than \$50 worth of tickets	# \$ \$ = \$	
Number of eligible individuals that purchased tickets		
OTHER CAMPAIGN CONTRIBUTIONS (i.e., goods and services that are donated for the function DESCRIPTION	ion or sold at the function for more than their market value) \$ VALUE	
B – FUNDRAISING INCOME <u>NOT</u> REPORTE All income <u>not</u> reported as campaign contributions in		
TICKET SALES (includes function entry fees)	NUMBER OF CHARGE CHARGES TICKETS SOLD PER TICKET COLLECTED # \$ \$	TICK IF CHARGE PER TICKET VARIES
Purchases by eligible individuals of \$50 or less worth of tickets	x =	
Number of eligible individuals that purchased tickets		
OTHER INCOME NOT REPORTED AS CAMPAIGN (i.e., goods and services sold at the function for their m		
DESCRIPTION	\$ VALUE	E .
C – COST OF FUNCTION		
The total cost of all fundraising functions must als	so be included on Form 4309.	
The cost of a fundraising function includes goods and venue rental, advertising, staffing, entertainment, etc.		COSTOFFUNCTION



DISBURSEMENT OF SURPLUS FUNDS

4311 (22/02)

	Balance remaining in campaign	account(s) after payment of all exper	nses
	Total amount of	of campaign contributions from candi	date
If the candidate made of from the balance remains	campaign contributions of money t ining in the campaign account(s). I	o their own campaign, they can be Enter the payment to the candidate	paid back for those amounts below and go to B.
	DATE (YYYY/MM/DD)	\$ AMOUNT	
If the amount remaining	ng in the campaign account(s) is	\$500 or more after payment of all	expenses, and the candidate
the payment below. If	the amount remaining in the cam	aid to the jurisdiction where the ca paign account(s) is less than \$500	andidate ran for election. En) skip this section and go to
nas been paid back (if the payment below. If	the amount remaining in the cam OATE (YYYY/MM/DD)	paign account(s) is less than \$500	andidate ran for election. En
If the amount remaining candidate has been padisbursement below, i	DATE (YYYY/MM/DD) ing in the campaign account(s) is	\$ AMOUNT samount	skip this section and go to
the payment below. If If the amount remaining candidate has been payed.	DATE (YYYY/MM/DD) ing in the campaign account(s) is aid back (if applicable), the funds	\$ AMOUNT Sess than \$500 after the payment of must be disbursed as directed by a funds were disbursed.	skip this section and go to
If the amount remaining candidate has been padisbursement below, in	DATE (YYYY/MM/DD) ing in the campaign account(s) is aid back (if applicable), the funds including a description of how the	\$ AMOUNT Sess than \$500 after the payment of must be disbursed as directed by a funds were disbursed.	of all expenses, and the the candidate. Enter this



NAME OF CANDIDATE

FORMER FINANCIAL AGENTS LOCAL ELECTIONS CANDIDATE

4312 (22/02)

nter the information below for any former fir revious elections, or the name of the candid			s election. Do not enter financial agent information from
FFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)			
INANCIAL AGENT'S FULL NAME			
INANCIAL AGENT'S MAILING ADDRESS			Intone waters
INANCIAL AGENTS MAILING ADDRESS			PHONE NUMBER
ITY/TOWN	PROV.	POSTAL CODE	EMAIL (IF AVAILABLE)
FFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)			
TESTICE STATE STAT			
INANCIAL AGENT'S FULL NAME			
			PHONE NUMBER