

Amendment # _____

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

CANDIDATE'S FULL NAME Ralph Leslie Lovatt		BALLOT NAME (IF DIFFERENT)	
CANDIDATE'S MAILING ADDRESS Box 1425		PHONE NUMBER 250-425-7046	
CITY/TOWN Sparwood	PROV. BC	POSTAL CODE V0B2G0	EMAIL (IF AVAILABLE)

JURISDICTION Kootenay East	OFFICE SOUGHT Councillor
ELECTION AREA District of Sparwood	

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)

<p>ZERO CAMPAIGN ACTIVITY</p> <p>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.</p> <ol style="list-style-type: none"> 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. 	<p><input checked="" type="checkbox"/> Tick if candidate had zero campaign activity</p>
---	---

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 <i>Ralph Lovatt</i>	SIGNATURE OF FINANCIAL AGENT
DATE (YYYY/MM/DD) 2023/01/05	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