

DISCLOSURE STATEMENT COVER PAGE LOCAL ELECTIONS CANDIDATE

4300 (22/02)

						Amenament#
					2022/1	L VOTING DAY (YYYY/MM/DD) 0/15
CAND	ANDIDATE'S FULL NAME Walter Tripp ANDIDATE'S MAILING ADDRESS 2672 Norwest Bay Rd				BALLOT NAME (IF DIFFERENT) PHONE NUMBER	
CAND					(604) 885 - 5254	
CITY	Sechett.				evatripp 6672@gmail.com	
	Sechelle				Councellor	
	Seeheld Seehel					
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/TO	WN	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. 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.						
NOTE - ENDORSED CANDIDATES MUST ALSO INCLUDE A COPY OF THEIR CAMPAIGN FINANCING ARRANGE						
DECLARATION: , the undersigned, declare that to the best of my knowledge and belief, this disclosure statement completely and accurately discloses the information of the local Elections Campaign Financing Act.						
GNATURE OF CANDIDATE Company Co				ATURE OF FINANCIAL AGENT		
ATE (YYYY	/MM/DD) 2 /4 / 12			DATE	(YYYY/MM/DD)	
RNING: Signing a false declaration is a serious offence and is subject to significant penalties.						
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Please submit your report to Elections BC: electoral.finance@elections.bc.ca