

DISCLOSURE STATEMENT COVER PAGE LOCAL ELECTIONS CANDIDATE

4300 (22/02)

	Amendment#
	GENERAL VOTING DAY (YYYY/MM/DD) 2022/10/15
CANDIDATE'S FULL NAME	BALLOT NAME (IF DIFFERENT)
Donna Maureen Aljam	
CANDIDATE'S MAILING ADDRESS	PHONE NUMBER
CITY/TOWN PROV. POSTAL CODE	250-315-8111
Lytton BC VOK 120	EMAIL (IFAVAILABLE)
JURISDICTION	OFFICE SOUGHT
SD #74	Trustee
ELECTION AREA A ve a E	
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)	
K (/ A	
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF DIFFERENT)	
NIA	
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)
	2021-08-15
FINANCIAL AGENT'S MAILING ADDRESS	PHONE NUMBER
150x 572	250-315-8777
PROV. POSTAL CODE	EMAIL (IF AVAILABLE)
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ZERO CAMPAIGN ACTIVITY	
Candidates with zero campaign activity may file this form only. If any of the conditions a forms applicable to the campaign.	are not met, file other
	Tick if candidate had
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.	
NOTE - ENDORSED CANDIDATES MUST ALSO INCLUDE A COPY OF THEIR CAMPAIGN FINANCING ARRANGEMENT.	
DECLARATION:	
t, 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 SIGNATU	RE OF FINANDAL AGENT
DATE (YYYY/MM/DD) DATE (YYYY/MM/DD)	YY/MM/DD)
2023-01-12	2023-01-112
WARNING: Signing a false declaration is a serious offence and is subject to significant penalties.	

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