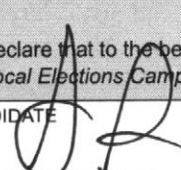


Amendment # _____

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

CANDIDATE'S FULL NAME ALEXANDER MARK ALLEN		BALLOT NAME (IF DIFFERENT) ALEX ALLEN	
CANDIDATE'S MAILING ADDRESS 3315 GUNPOWDER TRAIL		PHONE NUMBER 250-335-1129	
CITY/TOWN HORNBY ISLAND	PROV. BC	POSTAL CODE V0R 1Z0	EMAIL (IF AVAILABLE) aallen@islandstrust.bc.ca
JURISDICTION ISLANDSTRUST		OFFICE SOUGHT TRUSTEE	
ELECTION AREA HORNBY ISLAND			
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)			
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF DIFFERENT)			
<input checked="" type="checkbox"/> Tick if candidate is their own financial agent		<input type="checkbox"/> 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)
ZERO CAMPAIGN ACTIVITY			<input type="checkbox"/> Tick if candidate had 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 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 <i>Local Elections Campaign Financing Act</i> .			
SIGNATURE OF CANDIDATE 		SIGNATURE OF FINANCIAL AGENT NA	
DATE (YYYY/MM/DD) 2023 01 09		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

All forms included in this report are available for public inspection.
PLEASE KEEP A COPY FOR YOUR RECORDS

This information is collected under the authority of the *Local Elections Campaign Financing Act* and the *Freedom of Information and Protection of Privacy Act*. The information will be used to administer provisions under the *Local Elections Campaign Financing Act*. Questions can be directed to: **Privacy Officer, Elections BC** 1-800-661-8683, privacy@elections.bc.ca or PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6.

NAME OF CANDIDATE **ALEX ALLEN**

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) **\$132.00**

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) **\$132.00**

Campaign Account(s)

NAME OF SAVINGS INSTITUTION

ADDRESS

NAME OF SAVINGS INSTITUTION

ADDRESS