| CANDIDATE'S FULL NAME Michele Partridge |  |  | BALLOT NAME (IF DIFFERENT) |
| :---: | :---: | :---: | :---: |
| CANDIDATE'S MAILING ADDRESS 7-1426 Finlay Street |  |  | PHONE NUMBER 604-831-5324 |
| CITY/TOWN <br> White Rock | $\begin{aligned} & \text { PROV. } \\ & \mathrm{BC} \\ & \hline \end{aligned}$ | POSTAL CODE V4B 4 4L5 | EMAIL (IF AVAILABLE) <br> michele@meforwhiterock.com |
| JURISDICTION White Rock |  |  | OFFICE SOUGHT |
| ELECTION AREA <br> White Rock |  |  |  |

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

| FINANCIALAGENT'S FULL NAME (IF NOT ACTING AS OWN) | EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD) |  |  |
| :--- | :--- | :--- | :--- |
| Rosa Fung | $2022 / 08 / 29$ |  |  |
| FINANCIALAGENT'S MAILING ADDRESS | PHONE NUMBER |  |  |
| 991 Stayte Road | PROV. | POSTAL CODE | EMAIL (IF AVAILABLE) |
| CITY/TOWN | BC | V4B | $4 Y 7$ | finance@meforwhiterock.com | White Rock |
| :--- |

## 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

Tick if candidate had zero campaign activity
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 Local Elections Campaign Financing Act.

| SIGNATURE OF CANDIDATE | SIGNATURE OF FINANCIALAGENT |
| :--- | :--- |
| DATE (YYYY/MM/DD) |  |
| $2023 / 02 / 01$ | $2023 / 02 / 01$ |

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

```
NAME OF CANDIDATE
Michele Partridge
```

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)
8.86

TOTAL INCOME (sum of above boxes)
5,297.64

## EXPENSES

| Election period expenses (box A, Form 4307) | 1,173.36 |
| :---: | :---: |
| Campaign period expenses (box B, Form 4307) | 7,413.77 |
| Election period expenses not subject to limits (box D, Form 4307) | 398.94 |
| Campaign period expenses not subject to limits (box E, Form 4307) | 0.00 |
| Other expenses and transfers given (box A, Form 4309) | 0.00 |
| mpaign account(s) after payment of all expenses (box A, Form 4311) | 0.00 |
| TOTAL EXPENSES (sum of above boxes) | 8,986.07 |

## Campaign Account(s)

```
NAME OF SAVINGS INSTITUTION
C & F Financial Group
ADDRESS
6456 176 St. #500 Surrey BC V3S 4G3
```

NAME OF SAVINGS INSTITUTION

```
ADDRESS
```

Campaign contributions include monetary and in-kind contributions.
Campaign contributions from the candidate must be reported in the same way as contributions from other sources.
Do not include anonymous contributions with contributions less than $\$ 100$.

| Number of contributors who gave less than \$100 | \# | 0 | Total contributions of less than \$100 | \$ |  | 0 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Number of anonymous contributors | \# | 0 | Anonymous contributions | \$ | 0 |  |
| Total value of contributions of \$100 or more (box A, Form 4303) |  |  |  | \$ | 5,288.78 |  |
|  |  |  | TOTAL CONTRIBUTIONS | \$ | 5,288.78 | A |

```
NAME OF CANDIDATE
Michele Partridge
```



```
Michele Partridge
```

Attach additional forms if necessary.

| FULL NAME OF CONTRIBUTOR | CONTRIBUTOR'S RESIDENTIAL ADDRESS |  |  |  | $\begin{gathered} \text { DATE } \\ \text { RECEIVED } \\ \text { (YYYY/MM/DD) } \end{gathered}$ | CONTRIBUTIONAMOUNT | TOTAL OF CONTRIBUTOR'S CONTRIBUTIONS |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | ADDRESS | cITY | Prov, | POSTAL CODE |  |  |  |
| Shirley Sands |  |  |  |  | 2022/07/30 | 1,000.00 | 1,000.00 |
| Eric Partridge |  |  |  |  | 2022/09/05 | 1,250.00 | 1,250.00 |
| Jian Sun |  |  |  |  | 2022/10/13 | 100.00 | 100.00 |
| Dr. Pierre DesLauriers |  |  |  |  | 2022/09/21 | 250.00 | 250.00 |
| Maria Huatuco Mejia |  |  |  |  | 2022/09/07 | 100.00 | 100.00 |
| Dorothy Sonya-Hoglund |  |  |  |  | 2022/09/28 | 200.00 | 200.00 |
| Dale Harding |  |  |  |  | 2022/09/30 | 100.00 | 100.00 |
| Eve Partridge |  |  |  |  | 2022/09/30 | 500.00 | 500.00 |
| David Young |  |  |  |  | 2022/10/06 | 100.00 | 100.00 |
|  |  |  |  |  | UBTOTAL OF THIS PAGE | 3,600.00 |  |
|  |  |  |  | TOTAL CO FROM ALL | NTRIBUTIONS FORM(S) 4303 | 5,288.78 A |  |

CAMPAIGN CONTRIBUTIONS WITH A TOTAL VALUE OF \$100 OR MORE 4303 LOCAL ELECTIONS CANDIDATE

```
NAME OF CANDIDATE
Michele Partridge
```



```
Michele Partridge
```

Attach additional forms if necessary.

| FULL NAME OF CONTRIBUTOR | CONTRIBUTOR'S RESIIDENTIAL ADDRESS |  |  |  | DAEERECIVED(YYYY/MM/DD) | CONTRIBUTIONAMOUNT AMOUNT | $\begin{array}{\|c\|} \hline \text { TOTAL OF } \\ \text { CONTRIBUTOR'S } \\ \text { CONTRIBUTIONS } \\ \hline \end{array}$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | ADDRESS | cITY | PROV, | Postal code |  |  |  |
| Michele Patridge |  |  |  |  | 2022/10/15 | 1,688.78 | 1,688.78 |
|  |  |  |  |  |  |  |  |
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|  |  |  |  | TOTAL CO FROM ALL | ubtotal of THIS PAGE <br> TRIBUTIONS ORM(S) 4303 | $1,688.78$  <br> $5,288.78$ A |  |

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

## LOCAL ELECTIONS CANDIDATE

| NAME OF CANDIDATE PAGE <br> Michele Partridge  <br> Report all transfers received and income that are not campaign contributions or loans on this form. OF |
| :--- | ---: |




Complete one entry for each prohibited campaign contribution or loan received. Attach additional forms if necessary.


## PROHIBITED LOAN

| DESCRIPTION OF HOW THE PROHIBITED LOAN WAS RECEIVED | DATE <br> RETURNEDTOLENDER <br> (YYYY/MM/DO) |
| :--- | :--- | :--- |

NAME OF LENDER

DATE RECEIVED (YYYY/MM/DD)
DATE DUE (YYYY/MM/DD)
\$ ORIGINAL AMOUNT OF LDAN

LOAN INTEREST RATE \%
PRIME RATE' \%

## LOCAL ELECTIONS CANDIDATE

## NAME OF CANDIDATE <br> Michele Partridge

Election Period Expenses - Report the value of all goods and services used in the election period. Campaign Period Expenses - Report the value of all goods and services used in the campaign period. If goods and services were used in both periods, report the full amount used in both columns (e.g., campaign signs).


## LOCAL ELECTIONS CANDIDATE

Report the total value of all shared election expenses in the applicable column for each period. Use a separate form for each unique group of candidates that shared election expenses.
Attach additional forms if necessary.


Note -ensure only your portion of shared election expenses is reported on Form 4307.
Provide the full names of other candidates the election expenses were shared with and the amounts of reimbursements either received from other candidates for their portion or paid to other candidates for your portion.

| FULL NAME(S) OF OTHER CANDIDATE(S) | ELECTION PERIOD |  | CAMPAIGN PERIOD |  |
| :---: | :---: | :---: | :---: | :---: |
|  | Amount of reimbursement |  | Amount of reimbursement |  |
|  | \$ Paid | \$ Received | \$ Paid | \$ Received |
| Elaine Cheung |  | 2,500.00 |  | 1,188.43 |
| Elaine Cheung |  |  | 269.54 |  |
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NAME OF CANDIDATE
Michele Partridge

## FORMER FINANCIAL AGENTS

Enter the information below for any former financial agents during this election. Do not enter financial agent information from previous elections, or the name of the candidate if they previously acted as their own financial agent.
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)
2022/08/29
FINANCIALAGENT'S FULL NAME
Rosa Fung

| FINANCIAL AGENT'S MAILING ADDRESS 991 Stayte Road |  |  | $\begin{aligned} & \text { PHONE NUMBER } \\ & 604-368-3516 \end{aligned}$ |
| :---: | :---: | :---: | :---: |
| CITY/TOWN White Rock | $\begin{aligned} & \mathrm{PROV} . \\ & \mathrm{BC} \end{aligned}$ | $\begin{array}{\|r\|} \hline \text { POSTAL CODE } \\ \text { V4B } 4 \mathrm{Y} 7 \end{array}$ | EMAIL (IF AVAILABLE) finance@meforwhiterock.com |


| EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD) |  |  |  |
| :---: | :---: | :---: | :---: |
| FINANCIAL AGENT'S FULL NAME |  |  |  |
| FINANCIAL AGENT'S MAILING ADDRESS |  |  | PHONE NUMBER |
| CITY/TOWN | PROV. | POSTAL CODE | EMAIL (IF AVAILABLE) |

