

Amendment # _____

GENERAL VOTING DAY (YYYY/MM/DD) 2025/09/27			
CANDIDATE'S FULL NAME Peter Davey			BALLOT NAME (IF DIFFERENT)
CANDIDATE'S MAILING ADDRESS 102 15233 Pacific Avenue			PHONE NUMBER 6043533807
CITY/TOWN Whiterock	PROV. BC	POSTAL CODE V4B 1P8	EMAIL (IF AVAILABLE) tranquil1@shaw.ca
JURISDICTION Whiterock			OFFICE SOUGHT councilor
ELECTION AREA Whiterock BC			
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)
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. ☒ Tick if candidate had zero campaign activity 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	
DATE (YYYY/MM/DD) Oct 3/25		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