ELECTIONS BC
A non-partisan Office of the Legislature

DISCLOSURE STATEMENT COVER PAGE
LOCAL ELECTIONS CANDIDATE

4300
(22/02)

Amendment # _____

GENERAL VOTING DAY (YYYY/MM/DD): 2025/09/27

CANDIDATE'S FULL NAME			BALLOT NAME (IF DIFFERENT)
Christine Lee Makasoff			Christine Makasoff
CANDIDATE'S MAILING ADDRESS			PHONE NUMBER
15908 Prospect Crescent			6049706823
CITY/TOWN	PROV.	POSTAL CODE	EMAIL (IF AVAILABLE)
WHITE ROCK		V4B 2C5	cmakasoff@gmail.com

JURISDICTION	OFFICE SOUGHT
White Rock	City Councillor
ELECTION AREA	

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.

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.

☐ Tick if candidate had zero campaign activity

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 FINANCIAL AGENT
C Makasoff	C Makasoff
DATE (YYYY/MM/DD): 2025/12/23	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

ELECTIONS BC
A non-partisan Office of the Legislature

CAMPAIGN FINANCING SUMMARY
LOCAL ELECTIONS CANDIDATE

4301
(22/04)

NAME OF CANDIDATE
Christine Makasoff

INCOME

Value of campaign contributions from all sources (box **A**, Form 4302)	1,600.00
Amount of all permissible loans received (box **B**, Form 4304)	0.00
Other income and transfers received (box **A**, Form 4305)	0.00
TOTAL INCOME (sum of above boxes)	1,600.00

EXPENSES

Election period expenses (box **A**, Form 4307)	1,974.47
Campaign period expenses (box **B**, Form 4307)	
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)	1,974.47

Campaign Account(s)

NAME OF SAVINGS INSTITUTION
Royal Bank of Canada

ADDRESS
1586 Johnston Road, White Rock, BC

NAME OF SAVINGS INSTITUTION

ADDRESS

This form is available for public inspection.
PLEASE KEEP A COPY FOR YOUR RECORDS

ELECTIONS BC
A non-partisan Office of the Legislature

SUMMARY OF CAMPAIGN CONTRIBUTIONS
LOCAL ELECTIONS CANDIDATE

4302
(22/03)

NAME OF CANDIDATE
Christine Makasoff

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	$ 0.00
Number of anonymous contributors	# 0	Anonymous contributions	$ 0.00
		Total value of contributions of $100 or more (box **A**, Form 4303)	$ 1,600.00
		TOTAL CONTRIBUTIONS	$ 1,600.00 **A**

This form is available for public inspection.
PLEASE KEEP A COPY FOR YOUR RECORDS

ELECTIONS BC
A non-partisan Office of the Legislature

CAMPAIGN CONTRIBUTIONS WITH A TOTAL VALUE OF $100 OR MORE

LOCAL ELECTIONS CANDIDATE

4303
(22/03)

NAME OF CANDIDATE
Christine Makasoff

PAGE 1
OF 1

Attach additional forms if necessary.

FULL NAME OF CONTRIBUTOR	CONTRIBUTOR'S RESIDENTIAL ADDRESS				DATE RECEIVED (YYYY/MM/DD)	CONTRIBUTION AMOUNT	TOTAL OF CONTRIBUTOR'S CONTRIBUTIONS
	ADDRESS	CITY	PROV.	POSTAL CODE			
Elna Maria Makasoff	[redacted]				2025/08/21	500.00	1,000.00
Leslie Abe					2025/08/24	500.00	500.00
Elna Maria Makasoff					2025/09/24	500.00	1,000.00
Mark Thorvaldson					2025/09/29	100.00	100.00

SUBTOTAL OF THIS PAGE 1,600.00

TOTAL CONTRIBUTIONS FROM ALL FORM(S) 4303 1,600.00 **A**

This form is available for public inspection.
Addresses will be obscured.
PLEASE KEEP A COPY FOR YOUR RECORDS

ELECTIONS BC
A non-partisan Office of the Legislature

SUMMARY OF ELECTION EXPENSES
LOCAL ELECTIONS CANDIDATE

4307
(22/03)

NAME OF CANDIDATE
Christine Makasoff

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).

ADVERTISING	ELECTION PERIOD EXPENSES	CAMPAIGN PERIOD EXPENSES
Commercial canvassing in person, by telephone, or over the internet		
Newspapers and periodicals		
Promotional materials, including newsletters, brochures, buttons and novelty items	851.20	
Radio		
Search engine marketing and optimization		
Signs	596.38	
Value of reused signs		
Social media		
Television		
Website displays	486.89	
Other expenses (describe) Candidate portion of hall rental for debate	40.00	

CAMPAIGN ADMINISTRATION		
Accounting services		
Bank charges		
Conventions, workshops and meetings		
Donations and gifts		
Fundraising functions		
Furniture and equipment		
Interest expense		
Office rent, utilities, insurance and maintenance		
Office supplies and stationary		
Postage and courier		
Professional services		
Research and data, including election surveys and polls		
Salaries and benefits		
Social functions		
Subscriptions and dues		
Telecommunications and information technology		
Travel		
Other expenses (describe)		

TOTAL EXPENSES	1,974.47	**A**		**B**
CAMPAIGN PERIOD EXPENSE LIMIT				**C**

ELECTION EXPENSES NOT SUBJECT TO LIMITS	ELECTION PERIOD	CAMPAIGN PERIOD
Personal election expenses		
Financial agent services		
Legal and accounting services		
Interest on loans for election expenses		

TOTAL EXPENSES NOT SUBJECT TO LIMITS		**D**		**E**

This form is 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.

ELECTIONS BC
A non-partisan Office of the Legislature

SHARED ELECTION EXPENSES
LOCAL ELECTIONS CANDIDATE

4308
(22/02)

NAME OF CANDIDATE
Christine Makasoff

PAGE 1
OF 1

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.

	ELECTION PERIOD	CAMPAIGN PERIOD
Total value of shared election expenses		
Candidate's portion of shared election expenses	40.00	
Amount paid to supplier(s) (if applicable)		

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

This form is available for public inspection.
PLEASE KEEP A COPY FOR YOUR RECORDS