

LOCAL ELECTIONS CAMPAIGN FINANCING

(14/08)

4213 - DISCLOSURE STATEMENT

LOCAL ELECTIONS THIRD PARTY SPONSOR



PLEASE PRINT IN BLOCK LETTERS

Amendment # _____

FULL NAME OF SPONSOR Young Voters Sunshine Coast		GENERAL VOTING DAY (YYYY/MM/DD) 2014/11/15	
SPONSOR'S USUAL NAME, ACRONYM, ABBREVIATIONS AND OTHER NAMES		LEGAL NAME (IF DIFFERENT)	
MAILING ADDRESS Box 282	CITY/TOWN Gibsons	POSTAL CODE V0N 1V0	
PHONE NO. 604-790-0788	EMAIL (IF AVAILABLE) grant@marshallsells.com		
NAME OF JURISDICTION WHERE THIRD PARTY SPONSOR WAS EITHER A CANDIDATE OR ELECTOR ORGANIZATION (IF APPLICABLE) Gibsons, BC			
ELECTORAL AREA / LOCAL TRUST AREA / TRUSTEE ELECTORAL AREA (IF APPLICABLE)		<input type="checkbox"/> Sponsor also acted as a campaign organizer	
For organizations only:			
NAME OF AUTHORIZED PRINCIPAL OFFICIAL FOR ORGANIZATION Grant Marshall		PHONE NO. 604-790-0788	
MAILING ADDRESS Box 282	CITY/TOWN Gibsons	POSTAL CODE V0N 1V0	
EMAIL (IF AVAILABLE) DELAN MOKEVITT			
NAME OF RESPONSIBLE PRINCIPAL OFFICIAL 444 SOLAR 2 PLACE			
MAILING ADDRESS	CITY/TOWN GIBSONS	POSTAL CODE V0N 1V4	
EMAIL (IF AVAILABLE)			
All responsible principal officials must be listed. Attach additional sheets if necessary.			
This disclosure report includes the following forms:		<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;"> FORMS CHECKLIST Summary of Total Value of Advertising – Form 4214 <input type="checkbox"/> Value of Directed Advertising by Class and Jurisdiction – Form 4215 <input type="checkbox"/> Advertising Sponsored in Combination – Form 4216 <input type="checkbox"/> Summary of Sponsorship Contributions by Class – Form 4217 <input type="checkbox"/> Significant Contributors (\$100 or more) – Form 4218 <input type="checkbox"/> Prohibited Sponsorship Contributions – Form 4219 <input type="checkbox"/> </div> <div style="font-size: 2em; margin: 0 10px;">OR</div> <div> <input checked="" type="checkbox"/> Advertising sponsored during the election proceedings period had a total value of less than \$500; no additional forms required. </div> </div>	
I 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 INDIVIDUAL SPONSOR OR AUTHORIZED PRINCIPAL OFFICIAL FOR ORGANIZATION 		DATE (YYYY/MM/DD) 2015/02/02	
PRINTED NAME OF PERSON SIGNING DECLARATION Grant Marshall		WARNING: Signing a false statement is a serious offence and is subject to significant penalties.	

This form is available for public inspection.
ORIGINAL — ELECTIONS BC
PLEASE KEEP A COPY FOR YOUR RECORDS

This information is collected to administer the *Local Elections Campaign Financing Act*.
Questions? Contact: Privacy Officer, Elections BC
1-800-661-0663 PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J8