

**4213 - DISCLOSURE STATEMENT
LOCAL ELECTIONS THIRD PARTY SPONSOR**



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Amendment # _____

FULL NAME OF SPONSOR TRILLIUM MEDICAL EDUCATION CONSULTANTS INC.		GENERAL VOTING DAY (YYYY/MM/DD) 2014/11/15	
SPONSOR'S USUAL NAME, ACRONYM, ABBREVIATIONS AND OTHER NAMES CARIBBEAN MEDICAL EDUCATION		LEGAL NAME (IF DIFFERENT)	
MAILING ADDRESS 8TH FLOOR 2425 MATHESON BLVD.		CITY/TOWN MISSISSAUGA	POSTAL CODE L4W 5K4
PHONE NO. 1-877-517-8800		EMAIL (IF AVAILABLE) INFO@TRILLIUMMEDICAL.CA	
NAME OF JURISDICTION WHERE THIRD PARTY SPONSOR WAS EITHER A CANDIDATE OR ELECTOR ORGANIZATION (IF APPLICABLE) SURREY, B.C.			
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 JOHNNY J. KANG		PHONE NO. 604-418-0090	
MAILING ADDRESS 13307 82B AVENUE		CITY/TOWN SURREY	POSTAL CODE V3W 0P9
EMAIL (IF AVAILABLE) VANCOUVER@CMUMED.CA			
NAME OF RESPONSIBLE PRINCIPAL OFFICIAL			
MAILING ADDRESS		CITY/TOWN	POSTAL CODE
EMAIL (IF AVAILABLE)			

All responsible principal officials must be listed. Attach additional sheets if necessary.

This disclosure report includes the following forms:		OR	<input type="checkbox"/> Advertising sponsored during the election proceedings period had a total value of less than \$500; no additional forms required.
Summary of Total Value of Advertising – Form 4214	FORMS CHECKLIST <input checked="" type="checkbox"/>		
Value of Directed Advertising by Class and Jurisdiction – Form 4215	<input checked="" type="checkbox"/>		
Advertising Sponsored in Combination – Form 4216	<input checked="" type="checkbox"/>		
Summary of Sponsorship Contributions by Class – Form 4217	<input checked="" type="checkbox"/>		
Significant Contributors (\$100 or more) – Form 4218	<input checked="" type="checkbox"/>		
Prohibited Sponsorship Contributions – Form 4219	<input checked="" type="checkbox"/>		

I 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 INDIVIDUAL SPONSOR OR AUTHORIZED PRINCIPAL OFFICIAL FOR ORGANIZATION 	DATE (YYYY / MM / DD) 2015/02/11
PRINTED NAME OF PERSON SIGNING DECLARATION JOHNNY J. KANG	WARNING: Signing a false statement is a serious offence and is subject to significant penalties.

4214 - SUMMARY OF TOTAL VALUE OF ADVERTISING
LOCAL ELECTIONS THIRD PARTY SPONSOR



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NAME OF SPONSOR

TRILLIUM MEDICAL EDUCATION CONSULTANTS INC. (CARIBBEAN MEDICAL EDUCATION)

Report all sponsored advertising below, including the total value of directed advertising disclosed on all 4215 forms and the total value of all issue advertising sponsored.

Total value of sponsored advertising by class: \$

Brochures, pamphlets, flyers, etc.	\$1,002.86
Newspaper, magazine, journal, etc.	
Radio	
Signs (lawn signs, billboards, etc.)	
Television	
Internet	
Other (describe)	\$5,248.65
Total A	\$6,251.51

**4215 - VALUE OF DIRECTED ADVERTISING
BY CLASS AND JURISDICTION
LOCAL ELECTIONS THIRD PARTY SPONSOR**



USE ONE FORM PER JURISDICTION IN WHICH DIRECTED ADVERTISING WAS SPONSORED

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NAME OF SPONSOR TRILLIUM MEDICAL EDUCATION CONSULTANTS INC. (CARIBBEAN MEDICAL EDUCATION)		PAGE <input style="width: 30px; text-align: center;" type="text" value="1"/>
		OF <input style="width: 30px; text-align: center;" type="text" value="1"/>
JURISDICTION NAME SURREY, BC		
ELECTORAL AREA / LOCAL TRUST AREA / TRUSTEE ELECTORAL AREA (IF APPLICABLE) SURREY, BC		
Value of sponsored directed advertising by class for the above jurisdiction, including any electoral area(s), local trust area(s) or trustee electoral area(s), as applicable:		
		\$
Brochures, pamphlets, flyers, etc.	\$1,002.86	
Newspaper, magazine, journal, etc.		
Radio		
Signs (lawn signs, billboards, etc.)		
Television		
Internet		
Other (describe)	\$5,248.65	
Total	A	\$6,251.51

4216 - ADVERTISING SPONSORED IN COMBINATION
LOCAL ELECTIONS THIRD PARTY SPONSOR



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NAME OF SPONSOR
 TRILLIUM MEDICAL EDUCATION CONSULTANTS INC. (CARIBBEAN MEDICAL EDUCATION)

PAGE
 OF

If advertising was sponsored in combination with other third party sponsors, list the names of the other third party sponsors as shown in their sponsorship information. Attach additional sheets if necessary.

Names of other third party sponsors as shown in their sponsorship information	Total value of shared advertising \$
N/A	N/A
TOTAL	A \$0.00

**4217 - SUMMARY OF SPONSORSHIP
CONTRIBUTIONS BY CLASS
LOCAL ELECTIONS THIRD PARTY SPONSOR**



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NAME OF SPONSOR
TRILLIUM MEDICAL EDUCATION CONSULTANTS INC. (CARIBBEAN MEDICAL EDUCATION)

Total value of sponsor's own funds, other than funds disclosed below, that were used to pay for third party advertising: \$

Total value of sponsorship contributions, excluding sponsor's own funds, from each of the following classes of contributor:

		All Contributions	
	Individuals	<input type="text" value="N/A"/>	
	Corporations	<input type="text" value="N/A"/>	
	Unincorporated Business/Commercial Organizations	<input type="text" value="N/A"/>	
	Trade Unions	<input type="text" value="N/A"/>	
	Non-profit Organizations	<input type="text" value="N/A"/>	
	Other Identifiable Contributors	<input type="text" value="N/A"/>	
	Total	\$ <input type="text"/>	<input type="text" value="A"/>

Anonymous contributions \$

Total value of all sponsorship contributions from all sources (A + B) \$

Total significant contributions (box A, form 4218) \$

Number of contributors who gave less than \$100 #

Number of anonymous contributors #

4219 - PROHIBITED SPONSORSHIP CONTRIBUTIONS
LOCAL ELECTIONS THIRD PARTY SPONSOR



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NAME OF SPONSOR TRILLIUM MEDICAL EDUCATION CONSULTANTS INC. (CARIBBEAN MEDICAL EDUCATION)	PAGE <input style="width: 20px;" type="text" value="1"/> OF <input style="width: 20px;" type="text" value="1"/>
INSTRUCTIONS: Complete one sheet for each prohibited sponsorship contribution received. Attach additional forms if necessary.	

RECEIVED FROM	DATE RECEIVED (YYYY/MM/DD)	\$ VALUE	DATE RETURNED (YYYY/MM/DD)	OR	DATE REMITTED TO ELECTIONS BC (YYYY/MM/DD)
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ORGANIZATION <input type="checkbox"/> ANONYMOUS	N/A	N/A	N/A		N/A

DESCRIPTION OF HOW THE PROHIBITED CONTRIBUTION WAS RECEIVED
 N/A

Complete this field if the prohibited sponsorship contribution was received from an individual:

NAME OF INDIVIDUAL
 N/A

Complete these fields if the prohibited sponsorship contribution was received from an organization:

NAME OF ORGANIZATION N/A	CLASS*
MAILING ADDRESS	
NAME OF DIRECTOR	NAME OF DIRECTOR

*CLASSES OF CONTRIBUTORS:
 1 - INDIVIDUAL, 2 - CORPORATION, 3 - UNINCORPORATED BUSINESS/COMMERCIAL ORGANIZATION,
 4 - TRADE UNION, 5 - NON-PROFIT ORGANIZATION, 6 - OTHER IDENTIFIABLE CONTRIBUTOR