4213 - DISCLOSURE STATEMENT LOCAL ELECTIONS THIRD PARTY SPONSOR



PLEASE PRINT IN BLOCK LETTERS

Amendment#

FULL NAME OF SPONSOR Watershed Watch Salmon Society		GENERAL VOTING DAY (YYYY/MM/DD) 2014/11/15			
SPONSOR'S USUAL NAME, ACRONYM, ABBREVIATIONS AND OTHER NAMES WWSS	LEGAL NAME (IF DIFFERENT)				
MAILING ADDRESS	CITY/TOWN		POSTAL CO	DE	
Office 8236, 200 - 375 Water Street	Vancouver		V6B	0M9	
PHONE NO.	EMAIL (IF AVAILABLE)				
604-398-3236					
NAME OF JURISDICTION WHERE THIRD PARTY SPONSOR WAS EITHER A CANI	DIDATE OR ELECTOR ORGANIZATION	(IF APPLICABLE)			
ELECTORAL AREA / LOCAL TRUST AREA / TRUSTEE ELECTORAL AREA (IF APPL	ICABLE)		Sponsor also a	octed as a	
Pitt Meadows/Maple Ridge and Chilliwack			campaign orga		
For organizations only:					
NAME OF AUTHORIZED PRINCIPAL OFFICIAL FOR ORGANIZATION	PHONE NO.				
Craig Orr	604-936-9474				
MAILING ADDRESS	CITY/TOWN		POSTAL COI	DE	
1037 Madore Avenue	Coquitlam		V3K	3B7	
EMAIL (IF AVAILABLE)					
NAME OF RESPONSIBLE PRINCIPAL OFFICIAL Lina Azeez					
MAILING ADDRESS	CITY/TOWN		POSTAL COL	DE	
21675 126 Avenue	Maple Ridge		V2X	4N8	
EMAIL (IF AVAILABLE)			<u> </u>		
lina@watershed-watch.org					
All responsible principal officials must be listed. Attach additio	nal sheets if necessary.	***************************************			
This disclosure report includes the following forms:	FORMS CHECKLIST				
Summary of Total Value of Advertising - Form	4214		_		
Value of Directed Advertising by Class and Jurisdiction – Form 4215			Advertising sponsored during ne election proceedings period had		
Advertising Sponsored in Combination - Form	4216	total value of le	ess than \$50	0;	
Summary of Sponsorship Contributions by Class - Form	4217	no additional fo	oms require	d.	
Significant Contributors (\$100 or more) - Form	4218				
Prohibited Sponsorship Contributions - Form	4219			•	
I declare that to the best of my knowledge and belief, this disclosure required under the Local Elections Campaign Financing Act.		rately disclose	s the inform	ation	
SIGNATURE OF INDIVIDUAL SPONSOR OR AUTHORIZED PRINCIPAL OFFICIAL FO	Digitally signed DR ORGANIZATION by Craig Org Date: 2015.02.12 '15:12:00 -08'00	an	(Y/MM/DD) 015/02/12		
PRINTED NAME OF PERSON SIGNING DECLARATION		WAR	NING: Signing	a false	
Craig Orr		statement	is a serious offe to significant p	ence and is	