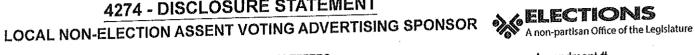
4274 - DISCLOSURE STATEMENT



PLEASE PRINT IN BLOCK LETTERS			,	Amendment#_		
			GENE	RAL VOTING DAY (/YYY/MN	M/DD)
FULL NAME OF SPONSOR			J	2015/11/28		
Comox Valley Coalition to End Homelessness	LEGAL NAME (IF DIFFE	DENT	_l			
SPONSOR'S USUAL NAME, ACRONYM, ABBREVIATIONS AND OTHER NAMES	LEGAL NAME (IF DIFFE	(CIA)				
	TITLE TOUR			POSTAL	CODE	
MAILING ADDRESS	CITY/TOWN			V91		N3
202-576 England Ave	Courtenay				<u> </u>	
PHONE NO.	EMAIL (IF AVAILABLE)					1
250-897-0511						
COMOX Valley Regional	District	_,,				
For organizations only:						
NAME OF AUTHORIZED PRINCIPAL OFFICIAL FOR ORGANIZATION	PHONE NO.	11 2 1				
Richard Clarke	250-941-4595			POSTA	CODE	
MAILING ADDRESS	CITY/TOWN	· · · · · · · · · · · · · · · · · · ·		V9I		3N8
202-137 Port Augusta St	Comox					
EMAIL (IF AVAILABLE)						
137clarke@gmail.com			. <u></u>			
NAME OF RESPONSIBLE PRINCIPAL OFFICIAL						
Helen Boyd				LPOSTA	CODE /	1150
MAILING ADDRESS	CITY/TOWN	,,		V91		2170
1659 Beaufort Ave.	Comox				··l	
EMAIL (IF AVAILABLE)					. <u> </u>	
All responsible principal officials must be listed. Attach additi	onal sheets if neces	sary.				
This disclosure report includes the following forms:	CHECKLIST					
Total Value of Advertising – Form	 -			dvertising spons	ored du	ring
Advertising Sponsored in Combination Form	the as	issent voting proceedings period a total value of less than \$500;				
Summary of Sponsorship Contributions by Class Form			no ade	ditional forms red	uired.	
Significant Contributors (\$100 or more) – Form						
Prohibited Sponsorship Contributions – Form	4279				· · · · · · · · · · · · · · · · · · ·	
I declare that to the best of my knowledge and belief, this disclosu required under the Local Elections Campaign Financing Act.		ely and acc	curately			on
SIGNATURE OF INDIVIDUAL SPONSOR OR AUTHORIZED PRINCIPAL OFFICIAL	FOR ORGANIZATION			DATE (YYYY / MM	(DD)	
SIGNATURE OF INDIVIDUAL OF OTOGOTO				2015/12	///	
(15)				WARNING: S	igning a fa	alse
PRINTED NAME OF PERSON SIGNING DECLARATION				statement is a seri	ous offenc	e and Is

subject to significant penalties.

Richard D. Clarke

4274 - DISCLOSURE STATEMENT LOCAL NON-ELECTION ASSENT VOTING ADVERTISING SPONSOR A non-partisan Office of the Lec

PLEASE PRINT IN BLOCK LETTERS



PLEAS	PLEASE PRINT IN BLOCK LETTERS					Amendment #			
FULL NAME OF SPONSOR					GENERAL VOTING DAY (YYYY/MM/DD)				
Comox Valley Coalition to End Homelessness					2015/11/28				
SPONSOR'S USUAL NAME, ACRONYM, A			LEGAL NAME (IF DIF	FERENT)					
						POSTAL CO	DE .		
MAILING ADDRESS CITY/TOWN						1			
202-576 England Ave		****	Courtenay	/_		V9N	2N3		
PHONE NO.			EMAIL (IF AVAILABLE	=) /					
250-897-0511									
JURISDICTION			/						
For organizations only:									
NAME OF AUTHORIZED PRINCIPAL OFFI	CIAL FOR ORGAN	IIZATION	PHONE NO.						
Richard Clarke	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		250-941-4595						
MAILING ADDRESS			CITY/TOWN		Re Balton	POSTAL CO			
202-137 Port Augusta St		(Comox	SE	* Banga	V9M	3N8		
EMAIL (IF AVAILABLE)		i			Esses				
137clarke@gmail.com	,		/ AW	per \	WEN	Margaret .			
NAME OF RESPONSIBLE PRINCIPAL OFF	FICIAL			· Pari Al	141F*[3	ř.			
Helen Boyd									
MAILING ADDRESS			CITY/TOWN	All and the		POSTAL CO			
1659 Beaufort Ave.			Comox			V9M	2L7		
EMAIL (IF AVAILABLE)									
All responsible principal official	le must he list	ed Attach additi	onal sheets if neci	essarv.					
			FORMS						
	his disclosure report includes the following forms:								
T	îotal Yálue of A	dvertising – Form	4275		m/	 .			
Advertising Sponsored in Combination – Form 4276 OR the						Advertising sponsored during assent voting proceedings period			
Summary of Sponsorship	, p Contributions	s by Class – Form	4277			value of less that al forms require			
Significant Cor	ntributors (\$100) or more) – Form	4278		710 000111011				
Prohibited Sp	onsorship Cor	ntributions - Form	4279						
I declare that to the best of my kno required under the Local Elections	wiedge and be Campaign Fir	elief, this disclosur	e statement comple	etely and ac	curately disc	loses the inform	nation		
SIGNATURE OF INDIVIDUAL SPONSOR OR AUTHORIZED PRINCIPAL OFFICIAL FOR ORGANIZATION						DATE (YYYY / MM / DD)			
A Comment of the comm					20	15/12/11	/		
PRINTED NAME OF PERSON SIGNING DE					state	WARNING: Signing ment is a serious of	fence and is		
18 ichard De C	1 an/CC	•			St	ubject to significant	penames.		