

**4274 - DISCLOSURE STATEMENT**

**LOCAL NON-ELECTION ASSENT VOTING ADVERTISING SPONSOR**



**ELECTIONS**

A non-partisan Office of the Legislature

PLEASE PRINT IN BLOCK LETTERS

Amendment # \_\_\_\_\_

FULL NAME OF SPONSOR Comox Valley Nursing Network - Association of Registered Nurses of BC		GENERAL VOTING DAY (YYYY/MM/DD) 2015/11/28	
SPONSOR'S USUAL NAME, ACRONYM, ABBREVIATIONS AND OTHER NAMES Comx Valley Network - ARNBC		LEGAL NAME (IF DIFFERENT)	
MAILING ADDRESS 2100 Stirling Place	CITY/TOWN Courtenay	POSTAL CODE V9N 0X1	
PHONE NO. 250 897 1862	EMAIL (IF AVAILABLE) comoxvalleyarnbcnetwork@gmail.com		
JURISDICTION			

For organizations only:

NAME OF AUTHORIZED PRINCIPAL OFFICIAL FOR ORGANIZATION Mary Elizabeth (Betty) Tate		PHONE NO. 250 897 1862	
MAILING ADDRESS 2100 Stirling Place	CITY/TOWN Courtenay	POSTAL CODE V9N 0X1	
EMAIL (IF AVAILABLE) comoxvalleyarnbcnetwork@gmail.com			
NAME OF RESPONSIBLE PRINCIPAL OFFICIAL			
NAME OF RESPONSIBLE PRINCIPAL OFFICIAL Sharyn Simcoe		PHONE NO.	
MAILING ADDRESS 759 8th Street	CITY/TOWN Courtenay	POSTAL CODE V9N 1N6	
EMAIL (IF AVAILABLE)			

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

This disclosure report includes the following forms:		OR	<input checked="" type="checkbox"/> Advertising sponsored during the assent voting proceedings period had a total value of less than \$500; no additional forms required.
Total Value of Advertising - Form 4275	<input type="checkbox"/>		
Advertising Sponsored in Combination - Form 4276	<input type="checkbox"/>		
Summary of Sponsorship Contributions by Class - Form 4277	<input type="checkbox"/>		
Significant Contributors (\$100 or more) - Form 4278	<input type="checkbox"/>		
Prohibited Sponsorship Contributions - Form 4279	<input 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) 2015/12/14
PRINTED NAME OF PERSON SIGNING DECLARATION Mary Elizabeth (Betty) Tate	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 statement on this form is submitted under the authority of the Local Elections Campaign Financing Act and the Freedom of Information and Protection of Privacy Act. It will be used to enforce campaign financing rules. If you have questions about the collection, use or disclosure of this information, contact the Elections BC Privacy Office at 1-800-661-8489 or www.electionsbc.ca or PO Box 1275 Stn Prov Govt Victoria, BC V8W 6A5