4274 - DISCLOSURE STATEMENT

LOCAL NON-ELECTION ASSENT VOTING ADVERTISING SPONSOR & ELECTIONS A non-partisan Office of the Leventre Company of the Leventre



PLEASE PRINT IN BLOCK LETTERS			Amendment #			
FULL NAME OF SPONSOR			GENERAL VOTING DAY (YYYY/MM/DD)			
ROYAL CANADIAN LEGION BR. 203			2	016/06/25		
SPONSOR'S USUAL NAME, ACRONYM, ABBREVIATIONS AND OTHER NAMES	LEGAL NAME (IF DIFFE	RENT)				
SAME		1				
MAILING ADDRESS	CITY/TOWN			POSTAL CO	DE	
BOX 69	EDGEWOOD			V0G	1J0	
PHONE NO.	EMAIL (IF AVAILABLE)					
250-269-7142	RCLB203@GMA	IL.COM				
JURISDICTION				<u>.</u>		
REGIONAL DISTRICT OF CENTRAL KOOTENAY						
For organizations only:			·			
NAME OF AUTHORIZED PRINCIPAL OFFICIAL FOR ORGANIZATION	PHONE NO.					
DAVID LE PINE	250-269-7142					
MAILING ADDRESS	C(TY/TOWN			POSTAL COL	DE	
451 LOWER INONOAKLIN RD	EDGEWOOD			V0G	1J0	
EMAIL (IF AVAILABLE)						
DLEPINE65@CMAILLEOM GMail.com						
NAME OF RESPONSIBLE PRINCIPAL OFFICIAL				·		
MARVIN TONHAUSER						
MAILING ADDRESS	CITY/TOWN			POSTAL COL	ΣE	
SITE 4 COMP 33	EDGEWOOD			V0G	1J0	
EMAIL (IF AVAILABLE)	<u>l</u>					
All responsible principal officials must be listed. Attach addition	onal sheets if neces	sary.	 	······································		
This disclosure report includes the following forms:	FORMS CHECKLIST					
Total Value of Advertising - Form	4275					
Advertising Sponsored in Combination - Form	4276	OR	Advertising the assent vo	ting proceedin	gs period	
Summary of Sponsorship Contributions by Class - Form	4277			lue of less tha forms required		
Significant Contributors (\$100 or more) - Form	4278					
Prohibited Sponsorship Contributions - Form	4279					
I declare that to the best of my knowledge and belief, this disclosur required under the Local Elections Campaign Financing Act.	e statement complete	ly and acc	urately disclos	es the inform	ation	
SIGNATURE OF INDIVIDUAL SPONSOR OR AUTHORIZED PRINCIPAL OFFICIAL F	FOR ORGANIZATION	e safe :	DATE (Y	YYY/MM/DD)		
Davif to Paro	· · · · · · · · · · · · · · · · · · ·	\$ 50 mg		2016/07/14		
PRINTED NAME OF PERSON SIGNING DECLARATION		. •	WA	RNING: Signing	a faise	

DAVID J LE PINE

WARNING: Signing a false statement is a serious offence and is subject to significant penalties.

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SAME				•		
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PHONE NO.	EMAIL (IF AVAILABLE)					
250-269-7142	RCLB203@GMAI	L.COM	/			
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REGIONAL DISTRICT OF CENTRAL KOOTENAY			ULL			
For organizations only:		AMF	-NDM	FNT		
NAME OF AUTHORIZED PRINCIPAL OFFICIAL FOR ORGANIZATION	PHONE NO.					
DAVID LE PINE	250-269-7142					
MAILING ADDRESS	CITY/TOWN			POSTAL CODE		
451 LOWER INONOAKLIN RD	EDGEWOOD			V0G 1J0		
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