



ELECTIONS BC
A non-partisan Office of the Legislature

NOTICE OF SINGLE DISCLOSURE FOR MULTIPLE EVENTS

4515
(17/12)

Section 46 of the *Local Elections Campaign Financing Act* requires a registered third party advertising sponsor to file a **single** disclosure statement for multiple elections held at the same time.

Therefore, the same disclosure statement is published in the Financial Reports and Political Contributions System (FRPC) for each event that shares a General Voting Day in which the third party advertising sponsor was registered.

Contact:

Local Elections Campaign Financing

Toll-free Phone: 1-855-952-0280

Email: lecf@elections.bc.ca

4213 - DISCLOSURE STATEMENT
LOCAL ELECTIONS THIRD PARTY SPONSOR



PLEASE PRINT IN BLOCK LETTERS

Amendment # _____

FULL NAME OF SPONSOR Vancouver AIDS Society		GENERAL VOTING DAY (YYYY/MM/DD) 2017/10/14					
SPONSOR'S USUAL NAME, ACRONYM, ABBREVIATIONS AND OTHER NAMES AIDS Vancouver		LEGAL NAME (IF DIFFERENT)					
MAILING ADDRESS 1101 Seymour St		CITY/TOWN Vancouver	POSTAL CODE V6B 0R1				
PHONE NO. 604-893-2201		EMAIL (IF AVAILABLE) brianc@aidsvancouver.org					
NAME OF JURISDICTION WHERE THIRD PARTY SPONSOR WAS EITHER A CANDIDATE OR ELECTOR ORGANIZATION (IF APPLICABLE) <i>Vancouver</i>							
ELECTORAL AREA / LOCAL TRUST AREA / TRUSTEE ELECTORAL AREA (IF APPLICABLE) <i>Vancouver</i>							
For organizations only:							
NAME OF AUTHORIZED PRINCIPAL OFFICIAL FOR ORGANIZATION Brian Chittock		PHONE NO. 604-696-4655					
MAILING ADDRESS 1101 Seymour St		CITY/TOWN Vancouver	POSTAL CODE V6B 0R1				
EMAIL (IF AVAILABLE) brianc@aidsvancouver.org							
NAME OF RESPONSIBLE PRINCIPAL OFFICIAL Ilm Kassam							
MAILING ADDRESS 1101 Seymour St		CITY/TOWN Vancouver	POSTAL CODE V6B 0R1				
EMAIL (IF AVAILABLE) ilmk@aidsvancouver.org							
All responsible principal officials must be listed. Attach additional sheets if necessary.							
This disclosure report includes the following forms:		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">FORMS CHECKLIST</td> <td style="width:50%; text-align: center;">OR</td> </tr> <tr> <td style="text-align: center;"> Summary of Total Value of Advertising – Form 4214 <input type="checkbox"/> Value of Directed Advertising by Class and Jurisdiction – Form 4215 <input type="checkbox"/> Advertising Sponsored in Combination – Form 4216 <input type="checkbox"/> Summary of Sponsorship Contributions by Class – Form 4217 <input type="checkbox"/> Significant Contributors (\$100 or more) – Form 4218 <input type="checkbox"/> Prohibited Sponsorship Contributions – Form 4219 <input type="checkbox"/> </td> <td style="text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> Advertising sponsored during the election proceedings period had a total value of less than \$500; no additional forms required. </td> </tr> </table>		FORMS CHECKLIST	OR	Summary of Total Value of Advertising – Form 4214 <input type="checkbox"/> Value of Directed Advertising by Class and Jurisdiction – Form 4215 <input type="checkbox"/> Advertising Sponsored in Combination – Form 4216 <input type="checkbox"/> Summary of Sponsorship Contributions by Class – Form 4217 <input type="checkbox"/> Significant Contributors (\$100 or more) – Form 4218 <input type="checkbox"/> Prohibited Sponsorship Contributions – Form 4219 <input type="checkbox"/>	<input checked="" type="checkbox"/> Advertising sponsored during the election proceedings period had a total value of less than \$500; no additional forms required.
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I declare that to the best of my knowledge and belief, this disclosure statement completely and accurately discloses the information required under the <i>Local Elections Campaign Financing Act</i> .							
SIGNATURE OF INDIVIDUAL SPONSOR OR AUTHORIZED PRINCIPAL OFFICIAL FOR ORGANIZATION 		DATE (YYYY / MM / DD) 2017-12-28					
PRINTED NAME OF PERSON SIGNING DECLARATION Brian W Chittock		WARNING: Signing a false statement is a serious offence and is subject to significant penalties.					