

4213 - DISCLOSURE STATEMENT LOCAL ELECTIONS THIRD PARTY SPONSOR



PLEASE PRINT IN BLOCK LETTERS

Amendment # _____

FULL NAME OF SPONSOR Hospital Employees' Union		GENERAL VOTING DAY (YYYY/MM/DD) 2017/10/21	
SPONSOR'S USUAL NAME, ACRONYM, ABBREVIATIONS AND OTHER NAMES HEU		LEGAL NAME (IF DIFFERENT)	
MAILING ADDRESS 5000 North Fraser Way		CITY/TOWN Burnaby	POSTAL CODE V5J 5M3
PHONE NO. 604-438-5000		EMAIL (IF AVAILABLE) dbernardo@heu.org	
NAME OF JURISDICTION WHERE THIRD PARTY SPONSOR WAS EITHER A CANDIDATE OR ELECTOR ORGANIZATION (IF APPLICABLE)			
ELECTORAL AREA / LOCAL TRUST AREA / TRUSTEE ELECTORAL AREA (IF APPLICABLE)			

For organizations only:

NAME OF AUTHORIZED PRINCIPAL OFFICIAL FOR ORGANIZATION Donisa Bernardo		PHONE NO. 604-438-5000	
MAILING ADDRESS 5000 North Fraser Way		CITY/TOWN Burnaby	POSTAL CODE V5J 5M3
EMAIL (IF AVAILABLE) dbernardo@heu.org			
NAME OF RESPONSIBLE PRINCIPAL OFFICIAL Jennifer Whiteside			
MAILING ADDRESS 5000 North Fraser Way		CITY/TOWN Burnaby	POSTAL CODE V5J 3M3
EMAIL (IF AVAILABLE)			

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

This disclosure report includes the following forms:	FORMS CHECKLIST	OR	<input checked="" type="checkbox"/> Advertising sponsored during the election proceedings period had a total value of less than \$500; no additional forms required.
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"/>		

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) 2017 / 12 / 18
PRINTED NAME OF PERSON SIGNING DECLARATION Donisa Bernardo	WARNING: Signing a false statement is a serious offence and is subject to significant penalties.