

**4600 - DISCLOSURE STATEMENT
LOCAL NON-ELECTION ASSENT VOTING
ADVERTISING SPONSOR**



FULL NAME OF SPONSOR Cortes Community Health Association			GENERAL VOTING DAY (YYYY/MM/DD) 2019/10/26	
SPONSOR'S USUAL NAME, ACRONYM, ABBREVIATIONS AND OTHER NAMES CCHA			SPONSOR'S LEGAL NAME (IF DIFFERENT) Cortes Community Health Association	
MAILING ADDRESS PO Box 59			PHONE NO. (250) 935-6608	
CITY/TOWN Mansons Landing	PROV. BC	POSTAL CODE V0P 1K0	EMAIL (IF AVAILABLE) ccha@twincomm.ca	

For organizations only:

AUTHORIZED PRINCIPAL OFFICIAL'S FULL NAME Marilyn Fitzmaurice				
AUTHORIZED PRINCIPAL OFFICIAL'S MAILING ADDRESS PO Box 306			PHONE NO. (250) 935-6870	
CITY/TOWN Mansons Landing	PROV. BC	POSTAL CODE V0P 1K0	EMAIL (IF AVAILABLE) ccha@twincomm.ca	
RESPONSIBLE PRINCIPAL OFFICIAL'S FULL NAME Julia Rendall				
RESPONSIBLE PRINCIPAL OFFICIAL'S MAILING ADDRESS PO Box 75				
CITY/TOWN Mansons Landing	PROV. BC	POSTAL CODE V0P 1K0		

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

LIMITED ADVERTISING ACTIVITY

Advertising sponsored during assent voting proceedings period had a total value of less than \$500. No additional forms required.

DECLARATION:

I, the undersigned, 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 <i>Marilyn Fitzmaurice</i>	DATE (YYYY/MM/DD) 2019/10/28
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WARNING: Signing a false declaration is a serious offence and is subject to significant penalties.