

4213 - DISCLOSURE STATEMENT

LOCAL ELECTIONS THIRD PARTY SPONSOR



PLEASE PRINT IN BLOCK LETTERS

Amendment # _____

FULL NAME OF SPONSOR		GENERAL VOTING DAY (YYYY/MM/DD)	
SPONSOR'S USUAL NAME, ACRONYM, ABBREVIATIONS AND OTHER NAMES		LEGAL NAME (IF DIFFERENT)	
MAILING ADDRESS		CITY/TOWN	POSTAL CODE
PHONE NO.		EMAIL (IF AVAILABLE)	
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		PHONE NO.	
MAILING ADDRESS		CITY/TOWN	POSTAL CODE
EMAIL (IF AVAILABLE)			
NAME OF RESPONSIBLE PRINCIPAL OFFICIAL			
MAILING ADDRESS		CITY/TOWN	POSTAL CODE
EMAIL (IF AVAILABLE)			

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

This disclosure report includes the following forms:	FORMS CHECKLIST	<div style="border: 1px solid black; width: 40px; height: 80px; margin: 0 auto; display: flex; align-items: center; justify-content: center; font-size: 24px; font-weight: bold;">OR</div>	<input 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)
PRINTED NAME OF PERSON SIGNING DECLARATION	<p>WARNING: Signing a false statement is a serious offence and is subject to significant penalties.</p>