

4219 - PROHIBITED SPONSORSHIP CONTRIBUTIONS

LOCAL ELECTIONS THIRD PARTY SPONSOR



PLEASE PRINT IN BLOCK LETTERS

| | |
|--|--|
| NAME OF SPONSOR | PAGE <input style="width: 30px;" type="text"/> |
| | OF <input style="width: 30px;" type="text"/> |
| INSTRUCTIONS: Complete one sheet for each prohibited sponsorship contribution received. Attach additional forms if necessary. | |

| RECEIVED FROM | DATE RECEIVED (YYYY/MM/DD) | \$ VALUE | DATE RETURNED (YYYY/MM/DD) | OR | DATE REMITTED TO ELECTIONS BC (YYYY/MM/DD) |
|---|----------------------------|----------|----------------------------|----|--|
| <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ORGANIZATION <input type="checkbox"/> ANONYMOUS | | | | | |

DESCRIPTION OF HOW THE PROHIBITED CONTRIBUTION WAS RECEIVED

Complete this field if the prohibited sponsorship contribution was received from an individual:

NAME OF INDIVIDUAL

Complete these fields if the prohibited sponsorship contribution was received from an organization:

| | |
|----------------------|------------------|
| NAME OF ORGANIZATION | CLASS* |
| MAILING ADDRESS | |
| NAME OF DIRECTOR | NAME OF DIRECTOR |

***CLASSES OF CONTRIBUTORS:**

- 1 – INDIVIDUAL, 2 – CORPORATION, 3 – UNINCORPORATED BUSINESS/COMMERCIAL ORGANIZATION,
 4 – TRADE UNION, 5 – NON-PROFIT ORGANIZATION, 6 – OTHER IDENTIFIABLE CONTRIBUTOR