

## 4279 - PROHIBITED SPONSORSHIP CONTRIBUTIONS

### LOCAL NON-ELECTION ASSENT VOTING ADVERTISING SPONSOR



PLEASE PRINT IN BLOCK LETTERS

NAME OF SPONSOR

PAGE OF 

**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