

## 4500 - DISCLOSURE STATEMENT

### LOCAL ELECTIONS THIRD PARTY SPONSOR



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

JURISDICTION WHERE SPONSOR WAS EITHER A CANDIDATE OR ELECTOR ORGANIZATION (IF APPLICABLE)

ELECTION AREA WHERE SPONSOR WAS EITHER A CANDIDATE OR ELECTOR ORGANIZATION (IF APPLICABLE)

#### For organizations only:

|  |       |             |                      |  |
|--|-------|-------------|----------------------|--|
| AUTHORIZED PRINCIPAL OFFICIAL'S FULL NAME        |       |             |                      |  |
| AUTHORIZED PRINCIPAL OFFICIAL'S MAILING ADDRESS  |       |             | PHONE NO.            |  |
| CITY/TOWN  | PROV. | POSTAL CODE | EMAIL (IF AVAILABLE) |  |
| RESPONSIBLE PRINCIPAL OFFICIAL'S FULL NAME       |       |             |                      |  |
| RESPONSIBLE PRINCIPAL OFFICIAL'S MAILING ADDRESS |       |             |                      |  |
| CITY/TOWN  | PROV. | POSTAL CODE |                      |  |

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

#### LIMITED ADVERTISING ACTIVITY

Advertising sponsored during campaign 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 | DATE (YYYY/MM/DD) |
|---|-------------------|

**WARNING:** Signing a false declaration is a serious offence and is subject to significant penalties.