

4703 - REGISTRATION UPDATE - ORGANIZATION

LOCAL ELECTIONS ADVERTISING SPONSOR



INSTRUCTIONS ON REVERSE

FULL NAME OF ORGANIZATION		GENERAL VOTING DAY (YYYY/MM/DD)	
OTHER NAMES OR ACRONYMS OF ORGANIZATION			
MAILING ADDRESS OF ORGANIZATION	CITY/TOWN	PROVINCE	POSTAL CODE
PHONE NO.	EMAIL (IF AVAILABLE)		
SERVICE ADDRESS (MAILING, EMAIL OR FAX NUMBER) OF ORGANIZATION, IF DIFFERENT †			

FULL NAME OF AUTHORIZED PRINCIPAL OFFICIAL			
MAILING ADDRESS OF AUTHORIZED PRINCIPAL OFFICIAL	CITY/TOWN	PROVINCE	POSTAL CODE
PHONE NO.	EMAIL (IF AVAILABLE)		
SERVICE ADDRESS (MAILING, EMAIL OR FAX NUMBER) OF AUTHORIZED PRINCIPAL OFFICIAL, IF DIFFERENT †			

The following **sponsorship information** must be used for all election advertising or non-election assent voting advertising. **Sponsorship information** must include the sponsor's name and contact information (either a B.C. mailing address, a B.C. telephone number or an email address) at which the sponsor can be contacted.

AUTHORIZED BY _____, REGISTERED SPONSOR UNDER LECFA, _____
SPONSOR'S NAME CONTACT INFORMATION

Responsible principal official: I, the undersigned, consent to act as a responsible principal official for the applicant.

FULL NAME OF RESPONSIBLE PRINCIPAL OFFICIAL			
MAILING ADDRESS OF RESPONSIBLE PRINCIPAL OFFICIAL	CITY/TOWN	PROVINCE	POSTAL CODE
PHONE NO. (OPTIONAL)	EMAIL (OPTIONAL)		
SERVICE ADDRESS (MAILING, EMAIL OR FAX NUMBER) OF RESPONSIBLE PRINCIPAL OFFICIAL, IF DIFFERENT †			
SIGNATURE			

At least two responsible principal officials are required, one of whom may be the authorized principal official. Attach Form 4703B if necessary.

† Any notice required or authorized under the *Local Elections Campaign Financing Act* is deemed to be given if it is delivered to this address.

I, the undersigned, declare that:

- (a) I am authorized to act on behalf of the above-mentioned sponsor.
- (b) To the best of my knowledge and belief, the contents of this document are complete and accurate.

SIGNATURE OF AUTHORIZED PRINCIPAL OFFICIAL

DATE: (YYYY / MM / DD)

PRINTED NAME OF AUTHORIZED PRINCIPAL OFFICIAL

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

This information is collected under the authority of the *Local Elections Campaign Financing Act* and the *Freedom of Information and Protection of Privacy Act*. The information will be used to administer provisions under the *Local Elections Campaign Financing Act*. Questions can be directed to: **Privacy Officer, Elections BC** 1-800-661-8683, privacy@elections.bc.ca or PO Box 9275 Stn Prov Govt, Victoria, BC V8W 9J6

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Local Elections Campaign Financing Act (s. 39, s. 42)

GENERAL INSTRUCTIONS

COMPLETING THE FORM - ON PAPER OR ON A COMPUTER

- The form can be filled out on a computer and saved with Adobe Reader. Print the form to collect the necessary signatures.
- If you use a computer but cannot save the form, print the completed page before closing the window. Unsaved information will be lost.
- **Important:** be sure the completed form is fully signed and dated before submitting to Elections BC.

SUBMITTING THE FORM - BY EMAIL, MAIL OR FAX

- The form can be submitted by email, mail or fax. For email, scan a signed copy and send it as an attachment.
- Since incomplete information may delay the processing of your update, be sure to provide all required information.

RELATED DOCUMENTATION

- Guide for Local Elections Third Party Sponsors in B.C. (find it at elections.bc.ca/lecf)
- Guide for Local Non-Election Assent Voting Advertising Sponsors in B.C. (find it at elections.bc.ca/lecf)

Please contact us if you have questions or need help completing this form.

Phone toll-free 1-855-952-0280 / TTY 1-888-456-5448

or contact

Elections BC

Email: lecf@elections.bc.ca

Mailing address:

PO Box 9275 Stn Prov Govt

Victoria BC V8W 9J6

Phone: 250-387-5305

Fax: 250-387-3578

Toll-free Fax: 1-866-466-0665

Website: elections.bc.ca/lecf