

4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS**LOCAL ELECTIONS CANDIDATE**

PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

PAGE OF

**INSTRUCTIONS: Complete one sheet for each prohibited campaign 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 campaign contribution was received from an individual:

NAME OF INDIVIDUAL

Complete these fields if the prohibited campaign 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