

**4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT**  
**LOCAL ELECTIONS CANDIDATE**



PLEASE PRINT IN BLOCK LETTERS

Amendment # \_\_\_\_\_

CANDIDATE'S FULL NAME Natalia Lebedynsky		GENERAL VOTING DAY (YYYY/MM/DD) 2014/11/15	
BALLOT NAME (IF DIFFERENT FROM ABOVE)		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) Councillor	
MAILING ADDRESS 910 Inskip Street		PHONE NO. 250-388-3819	
CITY / TOWN Victoria	POSTAL CODE V9A 4J7	EMAIL (IF AVAILABLE) shelburneuec@gmail.com	
JURISDICTION <del>Sooke</del> Colwood			
ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELECTORAL AREA (IF APPLICABLE)			
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE) Pro-Amalgamation Colwood			
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE) The Pro-Amalgamation Party Association			
FINANCIAL AGENT'S LAST NAME Hoggarth	FIRST NAME S	MIDDLE NAME Colleen	
FINANCIAL AGENT'S MAILING ADDRESS 766 Hillside Ave		PHONE NO. 2505905162	
CITY / TOWN Victoria	POSTAL CODE V8T 1Z6	EMAIL (IF AVAILABLE) colleen@securityhouseaccounting.com	
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD) 2014/09/07 10/07	If there were previous financial agents, complete form 4236.		

Tick if candidate was registered as a third party sponsor       Tick if candidate acted as a campaign organizer

This disclosure statement includes the following forms:

- |  |   |
|--|---|
| Declarations and Campaign Accounts – Form 4221 <input checked="" type="checkbox"/> | Summary of Election Expenses – Form 4229 <input type="checkbox"/>               |
| Statement of Income and Expenses – Form 4222 <input checked="" type="checkbox"/>   | Transfers Given to Elector Organization – Form 4230 <input type="checkbox"/>    |
| Summary of Campaign Contributions by Class – Form 4223 <input type="checkbox"/>    | Other Permissible Payments – Form 4231 <input type="checkbox"/>                 |
| Significant Contributors (\$100 or more) – Form 4224 <input type="checkbox"/>      | Shared Election Expense – Form 4232 <input type="checkbox"/>                    |
| Prohibited Campaign Contributions – Form 4225 <input type="checkbox"/>             | Transfers Between Candidate's Own Accounts – Form 4233 <input type="checkbox"/> |
| Transfers Received from Elector Organization – Form 4226 <input type="checkbox"/>  | Disbursement of Surplus Funds – Form 4234 <input type="checkbox"/>              |
| Other Permissible Deposits – Form 4227 <input type="checkbox"/>                    | Free Advertising from Jurisdiction – Form 4235 <input type="checkbox"/>         |
| Fundraising Function Ticket Sales – Form 4228 <input type="checkbox"/>             | Previous Financial Agents – Form 4236 <input type="checkbox"/>                  |

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MAILING ADDRESS <b>910 Inskip Street</b>		PHONE NO.	
CITY / TOWN <b>Victoria</b>	POSTAL CODE <b>V9A 4J7</b>	EMAIL (IF AVAILABLE) <b>shelburneuec@gmail.com</b>	
JURISDICTION <b>Sooke</b>			
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LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)			
FINANCIAL AGENT'S LAST NAME <b>Hoggarth</b>	FIRST NAME <b>S</b>	MIDDLE NAME <b>Colleen</b>	
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CITY / TOWN <b>Victoria</b>	POSTAL CODE <b>V8T 1Z6</b>	EMAIL (IF AVAILABLE) <b>colleen@securityhouseaccounting.co</b>	
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<input type="checkbox"/> Tick if candidate was registered as a third party sponsor		<input type="checkbox"/> Tick if candidate acted as a campaign organizer	

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| Fundraising Function Ticket Sales - Form 4228 <input type="checkbox"/>             | Previous Financial Agents - Form 4236 <input type="checkbox"/>                  |

**4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS**

**LOCAL ELECTIONS CANDIDATE**



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NAME OF CANDIDATE Natalia Lebedynsky	
<b>Declaration:</b> 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 <i>Local Elections Campaign Financing Act</i> (LECFA).	
SIGNATURE OF CANDIDATE 	DATE: (YYYY/MM/DD) 2015/01/29
PRINTED NAME OF CANDIDATE Natalia Lebedynsky	
SIGNATURE OF FINANCIAL AGENT 	DATE: (YYYY/MM/DD) 2015/01/29
PRINTED NAME OF FINANCIAL AGENT S Colleen Hoggarth	
<b>Campaign accounts:</b>	
NAME OF SAVINGS INSTITUTION Island Savings Credit Union	
ADDRESS Mayfair Branch 3195 Douglas Street Victoria BC V8Z3K3	
NAME OF SAVINGS INSTITUTION	
ADDRESS	
NAME OF SAVINGS INSTITUTION	
ADDRESS	
NAME OF SAVINGS INSTITUTION	
ADDRESS	

**4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS**

**LOCAL ELECTIONS CANDIDATE**



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ADDRESS	
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ADDRESS	

## 4222 - STATEMENT OF INCOME AND EXPENSES

### LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE  
Natalia Lebedynsky

Total value of campaign contributions from all sources (from box C on form 4223)	0.00	
Transfers received from elector organization (from box A on form 4226)	0.00	
Total other permissible deposits (from box A on form 4227)	0.00	
Transfers from candidate's own accounts in other jurisdictions (from box A on form 4233)	0.00	
<b>Total Income (sum of above boxes)</b>	<b>0.00</b>	<b>A</b>
Election expenses (from box A on form 4229)	0.00	
Transfers to elector organization (from box A on form 4230)	0.00	
Total other permissible payments (from box A on form 4231)	0.00	
Transfers to candidate's own accounts in other jurisdictions (from box B on form 4233)	0.00	
Amount of surplus funds disbursed (from box A on form 4234)	0.00	
<b>Total Expenditures (sum of above boxes)</b>	<b>0.00</b>	<b>B</b>

*There were no transactions.*