

# 4213 - DISCLOSURE STATEMENT

## LOCAL ELECTIONS THIRD PARTY SPONSOR



PLEASE PRINT IN BLOCK LETTERS

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

FULL NAME OF SPONSOR <b>SmartCentres</b>		GENERAL VOTING DAY (YYYY/MM/DD) <b>2014 11/15</b>
SPONSOR'S USUAL NAME, ACRONYM, ABBREVIATIONS AND OTHER NAMES		LEGAL NAME (IF DIFFERENT)
MAILING ADDRESS <b>700 Applewood Crescent</b>	CITY/TOWN <b>Vaughan, ON</b>	POSTAL CODE <b>L4K 1S X3</b>
PHONE NO. <b>905 760 6200 x 7864</b>	EMAIL (IF AVAILABLE)	
NAME OF JURISDICTION WHERE THIRD PARTY SPONSOR WAS EITHER A CANDIDATE OR ELECTOR ORGANIZATION (IF APPLICABLE) <b>NA</b>		
ELECTORAL AREA / LOCAL TRUST AREA / TRUSTEE ELECTORAL AREA (IF APPLICABLE) <b>NA</b>		<input type="checkbox"/> Sponsor also acted as a campaign organizer

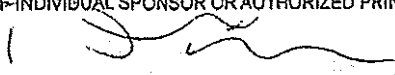
For organizations only:

NAME OF AUTHORIZED PRINCIPAL OFFICIAL FOR ORGANIZATION <b>David Schiffer</b>	PHONE NO. <b>905 760 6200 x 7647</b>	
MAILING ADDRESS <b>700 Applewood Crescent</b>	CITY/TOWN <b>Vaughan, ON</b>	POSTAL CODE <b>L4K 1S X3</b>
EMAIL (IF AVAILABLE) <b>dschiffer@smartcentres.com</b>		
NAME OF RESPONSIBLE PRINCIPAL OFFICIAL <b>Sandra Kaiser</b>		
MAILING ADDRESS <b>700 Applewood Crescent</b>	CITY/TOWN <b>Vaughan ON</b>	POSTAL CODE <b>L4K 1S X3</b>
EMAIL (IF AVAILABLE)		

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

This disclosure report includes the following forms:	FORMS CHECKLIST	OR	<input checked="" type="checkbox"/> Advertising sponsored during the election proceedings period had a total value of less than \$500; no additional forms required.	
	Summary of Total Value of Advertising – Form 4214			<input type="checkbox"/>
	Value of Directed Advertising by Class and Jurisdiction – Form 4215			<input type="checkbox"/>
	Advertising Sponsored in Combination – Form 4216			<input type="checkbox"/>
	Summary of Sponsorship Contributions by Class – Form 4217			<input type="checkbox"/>
	Significant Contributors (\$100 or more) – Form 4218			<input type="checkbox"/>
Prohibited Sponsorship Contributions – Form 4219	<input type="checkbox"/>			

I 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) <b>2014 / 11 / 13</b>
PRINTED NAME OF PERSON SIGNING DECLARATION <b>David Schiffer</b>	WARNING: Signing a false statement is a serious offence and is subject to significant penalties.