

**4213 - DISCLOSURE STATEMENT
LOCAL ELECTIONS THIRD PARTY SPONSOR**



PLEASE PRINT IN BLOCK LETTERS

Amendment # _____

FULL NAME OF SPONSOR <i>ALBERT OWEN SKONBERG</i>		GENERAL VOTING DAY (YYYY/MM/DD) <i>2014-11-15</i>	
SPONSOR'S USUAL NAME, ACRONYM, ABBREVIATIONS AND OTHER NAMES <i>OWEN</i>		LEGAL NAME (IF DIFFERENT)	
MAILING ADDRESS <i>603 MOUNTAIN VIEW RD</i>		CITY/TOWN <i>CULTUS LAKE</i>	POSTAL CODE <i>V2R 4Z5</i>
PHONE NO. <i>604-791-3993</i>		EMAIL (IF AVAILABLE) <i>skonberg@shaw.ca</i>	
NAME OF JURISDICTION WHERE THIRD PARTY SPONSOR WAS EITHER A CANDIDATE OR ELECTOR ORGANIZATION (IF APPLICABLE) <i>CHILLIWACK</i>			
ELECTORAL AREA / LOCAL TRUST AREA / TRUSTEE ELECTORAL AREA (IF APPLICABLE)			<input type="checkbox"/> Sponsor also acted as a campaign organizer

For organizations only:

NAME OF AUTHORIZED PRINCIPAL OFFICIAL FOR ORGANIZATION		PHONE NO.	
MAILING ADDRESS		CITY/TOWN	POSTAL CODE
EMAIL (IF AVAILABLE)			
NAME OF RESPONSIBLE PRINCIPAL OFFICIAL			
MAILING ADDRESS		CITY/TOWN	POSTAL CODE
EMAIL (IF AVAILABLE)			

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

This disclosure report includes the following forms:		OR	<input 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 <i>Albert Owen Skonberg</i>	DATE (YYYY / MM / DD) <i>2014-11-21</i>
PRINTED NAME OF PERSON SIGNING DECLARATION <i>ALBERT OWEN SKONBERG</i>	WARNING: Signing a false statement is a serious offence and is subject to significant penalties.