

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



PLEASE PRINT IN BLOCK LETTERS

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

FULL NAME OF SPONSOR <b>WATERWEALTH PROJECT SOCIETY</b>		GENERAL VOTING DAY (YYYY/MM/DD) <b>2015/11/15</b>
SPONSOR'S USUAL NAME, ACRONYM, ABBREVIATIONS AND OTHER NAMES <b>WATERWEALTH</b>		LEGAL NAME (IF DIFFERENT)
MAILING ADDRESS <b>45668 STOREY AVE.</b>	CITY/TOWN <b>CHILLIWACK</b>	POSTAL CODE <b>V2R13E4</b>
PHONE NO. <b>604-858-8021</b>	EMAIL (IF AVAILABLE) <b>ian@waterwealthproject.com</b>	
NAME OF JURISDICTION WHERE THIRD PARTY SPONSOR WAS EITHER A CANDIDATE OR ELECTOR ORGANIZATION (IF APPLICABLE)		
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 <b>IAN STEPHEN</b>		PHONE NO. <b>604-791-0226</b>
MAILING ADDRESS <b>46155 LEWIS AVE.</b>	CITY/TOWN <b>CHILLIWACK</b>	POSTAL CODE <b>V2P13E2</b>
EMAIL (IF AVAILABLE) <b>ian@waterwealthproject.com</b>		
NAME OF RESPONSIBLE PRINCIPAL OFFICIAL <b>SHEILA MUXLOW</b>		
MAILING ADDRESS <b>1-42375 YARROW CENTRAL RD</b>	CITY/TOWN <b>CHILLIWACK</b>	POSTAL CODE <b>V2R10K1</b>
EMAIL (IF AVAILABLE) <b>sheila@waterwealthproject.com</b>		

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

This disclosure report includes the following forms:

- Summary of Total Value of Advertising – Form 4214
- Value of Directed Advertising by Class and Jurisdiction – Form 4215
- Advertising Sponsored in Combination – Form 4216
- Summary of Sponsorship Contributions by Class – Form 4217
- Significant Contributors (\$100 or more) – Form 4218
- Prohibited Sponsorship Contributions – Form 4219

FORMS CHECKLIST



Advertising sponsored during the election proceedings period had a total value of less than \$500; no additional forms required.

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>2015/01/24</b>
PRINTED NAME OF PERSON SIGNING DECLARATION <b>IAN STEPHEN</b>	<b>WARNING:</b> Signing a false statement is a serious offence and is subject to significant penalties.