

# 4213 - DISCLOSURE STATEMENT

## LOCAL ELECTIONS THIRD PARTY SPONSOR



**ELECTIONS BC**  
A non-partisan Office of the Legislature

PLEASE PRINT IN BLOCK LETTERS

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

FULL NAME OF SPONSOR <b>GRAHAM WALKER</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>P.O. Box 973</b>	CITY/TOWN <b>GIBSONS</b>	POSTAL CODE <b>V0N 1V0</b>
PHONE NO. <b>(604) 886-2417</b>	EMAIL (IF AVAILABLE) <b>graham.walker@dccnet.com</b>	
NAME OF JURISDICTION WHERE THIRD PARTY SPONSOR WAS EITHER A CANDIDATE OR ELECTOR ORGANIZATION (IF APPLICABLE) <b>GIBSONS B.C.</b>		
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:

FORMS  
CHECKLIST

- 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 ☐

OR

☒ 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 <b>Graham Walker</b>	DATE (YYYY / MM / DD) <b>2014 / 12 / 14</b>
PRINTED NAME OF PERSON SIGNING DECLARATION <b>GRAHAM WALKER</b>	<b>WARNING:</b> Signing a false statement is a serious offence and is subject to significant penalties.

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

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SPONSOR'S USUAL NAME, ACRONYM, ABBREVIATIONS AND OTHER NAMES		LEGAL NAME (IF DIFFERENT)
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PHONE NO. <b>(604) 886-2417</b>	EMAIL (IF AVAILABLE) <b>graham.walker@dcnet.com</b>	
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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 <b>SEE AMENDMENT</b>	CITY/TOWN	POSTAL CODE
EMAIL (IF AVAILABLE)		
NAME OF RESPONSIBLE PRINCIPAL OFFICIAL		
MAILING ADDRESS	CITY/TOWN	POSTAL CODE
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