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



Amendment #

PLEASE PRINT IN BLOCK LETTERS

Ze		ź		1	49 -39	100 m
11.	A non-partisa	n	Office	of	the Leg	jislature

	T-Tail -						
FULL NAME OF SPONSOR GRAHAM WALKER	2	GENERAL VOTING DAY (YYYY/MM/DD)  2094-11-15					
SPONSOR'S USUAL NAME, ACRONYM, ABBREVIATIONS AND OTHER NAMES	LEGAL NAME (IF DIFFERENT)						
MAILING ADDRESS	CITY/TOWN	POSTAL CODE					
1.0. Box 973	GiBSONS	VONIVO					
PHONE NO.	EMAIL (IF AVAILABLE)						
(604) 886-2417	graham Wa	Iken Education					
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 APPLI	CABLE)	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 addition	al sheets if necessary.						
This disclosure report includes the following forms:	FORMS CHECKLIST						
Summary of Total Value of Advertising Form 4	214						
Value of Directed Advertising by Class and Jurisdiction Form 4	Advertising sponsored during the election proceedings period had a						
Advertising Sponsored in Combination – Form 4216  OR total value of less than \$500; no additional forms required.							
Summary of Sponsorship Contributions by Class – Form 4	The state of the s	to additional forms required.					
Significant Contributors (\$100 or more) - Form 4							
Prohibited Sponsorship Contributions – Form 4	The state of the s						
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)							
Gralam Walker		2014/12/14					
PRINTED NAME OF PERSON SIGNING DECLARATION  GRAHAM WALKER		WARNING: Signing a false statement is a serious offence and is subject to significant penalties.					

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



PLEASE PRINT IN BLOCK LETTERS

ELEC A non-par	CTIONS tisan Office of the Legislatu	ŀ				
Amendment #						
2004	TING DAY (YYYY/MM/DD)	_				
<u>;</u> (f)						
	POSTAL CODE VON IVO					
	lunet.com					
IZATION (IF APPLICABLE)						
	Sponsor also acted as a campaign organizer					
	POSTAL CODE					
	POSTAL CODE					
•						
the election point total value of l	dvertising sponsored during ection proceedings period had a alue of less than \$500; ditional forms required.					
	0					

FULL NAME OF SPONSOR	GEI	NERAL VOTING DAY (YYYY/MM/DD)	
GRAHAM WALKER	2 44 10/11/19	2014-11-15/	
SPONSOR'S USUAL NAME, ACRONYM, ABBREVIATIONS AND OTHER NAMES	LEGAL NAME (IF DIFFERENT)		
LAND ADDRESS		Jacoby Cope	
MAILING ADDRESS 1.0.80× 973	GiBSONS	POSTAL CODE VON IVO	
PHONE NO.			
(604) 886-2417	graham Walke	e education	
NAME OF JURISDICTION WHERE THIRD PARTY SPONSOR WAS EITHER A CAND	DIDATE OR ELECTOR ORGANIZATION (IF API	PLICABLE)	
GIBSONS B.C.	IOAD! EV		
ELECTORAL AREA / LOCAL TRUST AREA / TRUSTEE ELECTORAL AREA (IF APPL	ICABLE)	Sponsor also acted as a campaign organizer	
For organizations only:			
NAME OF AUTHORIZED PRINCIPAL OFFICIAL FOR ORGANIZATION	PHONE NO.		
MAILING ADDRESS 5	CITY/TOWN	POSTAL CODE	
EMAIL (IF AVAILABLE)			
है हुई है है शिलायों है के व्यवस्था है के वि			
NAME OF RESPONSIBLE PRINCIPAL OFFICIAL			
MAILING ADDRESS	CITY/TOWN	POSTAL CODE	
EMAIL (IF AVAILABLE)			
All responsible principal officials must be listed. Attach addition	nal 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		Advertising sponsored during	
Advertising Sponsored in Combination – Form		election proceedings period had a value of less than \$500;	
Summary of Sponsorship Contributions by Class – Form 4217 no additional forms required.			
Significant Contributors (\$100 or more) – Form			
Prohibited Sponsorship Contributions – Form	4219		
I declare that to the best of my knowledge and belief, this disclosure required under the Local Elections Campaign Financing Act.	statement completely and accuratel	y discloses the information	
SIGNATURE OF INDIVIDUAL SPONSOR OR AUTHORIZED PRINCIPAL OFFICIAL FO.	DATE (YYYY / MM / DD)		
Gralam Walker		2014/12/14	
PRINTED NAME OF PERSON SIGNING DECLARATION		WARNING: Signing a false statement is a serious offence and is	
GRAHAM WALKER	subject to significant penalties.		