

# 4213 - DISCLOSURE STATEMENT

## LOCAL ELECTIONS THIRD PARTY SPONSOR



PLEASE PRINT IN BLOCK LETTERS

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

FULL NAME OF SPONSOR <i>MICHAEL W. STROM</i>		GENERAL VOTING DAY (YYYY/MM/DD) <i>2014-11-15</i>	
SPONSOR'S USUAL NAME, ACRONYM, ABBREVIATIONS AND OTHER NAMES <i>MICHAEL STROM</i>		LEGAL NAME (IF DIFFERENT)	
MAILING ADDRESS <i>116 KELLY RD</i>	CITY/TOWN <i>GIBSONS BC</i>	POSTAL CODE <i>V0N 1V3</i>	
PHONE NO. <i>604-741-7363</i>	EMAIL (IF AVAILABLE)		
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) <i>GIBSONS B.C.</i>			<input type="checkbox"/> Sponsor also acted as a campaign organizer

**For organizations only:**

NAME OF AUTHORIZED PRINCIPAL OFFICIAL FOR ORGANIZATION <i>SAME AS ABOVE</i>		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	<input type="checkbox"/>	OR	<input checked="" type="checkbox"/> Advertising sponsored during the election proceedings period had a total value of less than \$500; no additional forms required.
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>[Signature]</i>	DATE (YYYY / MM / DD) <i>2015/01/05</i>
PRINTED NAME OF PERSON SIGNING DECLARATION <i>MICHAEL W. STROM</i>	<b>WARNING:</b> Signing a false statement is a serious offence and is subject to significant penalties.

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



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**SEE AMENDMENT**

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**FORMS CHECKLIST**

**OR**

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