

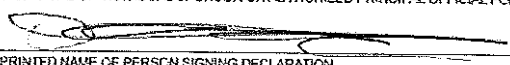
4213 - DISCLOSURE STATEMENT

LOCAL ELECTIONS THIRD PARTY SPONSOR



PLEASE PRINT IN BLOCK LETTERS

Amendment #

FULL NAME OF SPONSOR Owen Paul Dickie		GENERAL VOTING DAY (YYYY/MM/DD) 2015/04/25	
SPONSOR'S USUAL NAME, ACRONYM, ABBREVIATIONS AND OTHER NAMES Owen Dickie		LEGAL NAME (IF DIFFERENT)	
MAILING ADDRESS 15718 Greenhow Rd		CITY/TOWN Lake Country	POSTAL CODE V4V 2E6
PHONE NO. 250-862-1682		EMAIL (IF AVAILABLE) owen4oyama@gmail.com	
NAME OF JURISDICTION WHERE THIRD PARTY SPONSOR WAS EITHER A CANDIDATE OR ELECTOR ORGANIZATION (IF APPLICABLE) District of Lake Country			
ELECTORAL AREA / LOCAL TRUST AREA / TRUSTEE ELECTORAL AREA (IF APPLICABLE)			
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:		<div style="display: flex; align-items: center;"> <div style="flex: 1;"> <p>FORMS CHECKLIST</p> <p>Summary of Total Value of Advertising – Form 4214 <input type="checkbox"/></p> <p>Value of Directed Advertising by Class and Jurisdiction – Form 4215 <input type="checkbox"/></p> <p>Advertising Sponsored in Combination – Form 4216 <input type="checkbox"/></p> <p>Summary of Sponsorship Contributions by Class – Form 4217 <input type="checkbox"/></p> <p>Significant Contributors (\$100 or more) – Form 4218 <input type="checkbox"/></p> <p>Prohibited Sponsorship Contributions – Form 4219 <input type="checkbox"/></p> </div> <div style="flex: 0.5; text-align: center; font-size: 2em; margin: 0 10px;">OR</div> <div style="flex: 1;"> <p><input checked="" type="checkbox"/> Advertising sponsored during the election proceedings period had a total value of less than \$500; no additional forms required.</p> </div> </div>	
I declare that to the best of my knowledge and belief, this disclosure statement completely and accurately discloses the information required under the <i>Local Elections Campaign Financing Act</i> .			
SIGNATURE OF INDIVIDUAL SPONSOR OR AUTHORIZED PRINCIPAL OFFICIAL FOR ORGANIZATION 		DATE (YYYY / MM / DD) 2015/04/28	
PRINTED NAME OF PERSON SIGNING DECLARATION Owen Paul Dickie		WARNING: Signing a false statement is a serious offence and is subject to significant penalties.	

This form is available for public inspection.

The information on this form is collected under the authority of the Local Elections Campaign Financing Act and the Freedom of Information and Protection of Privacy Act. It will be used to administer campaign financing rules.