

# 4213 - DISCLOSURE STATEMENT

## LOCAL ELECTIONS THIRD PARTY SPONSOR



PLEASE PRINT IN BLOCK LETTERS

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

FULL NAME OF SPONSOR <b>Robert Vagramov</b>		GENERAL VOTING DAY (YYYY/MM/DD) <b>2017/09/30</b>	
SPONSOR'S USUAL NAME, ACRONYM, ABBREVIATIONS AND OTHER NAMES		LEGAL NAME (IF DIFFERENT)	
MAILING ADDRESS <b>109 Eagle Pass</b>	CITY/TOWN <b>Port Moody</b>	POSTAL CODE <b>V3H 5E7</b>	
PHONE NO. <b>604 782 6900</b>	EMAIL (IF AVAILABLE) <b>robert@robertvagramov.ca</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)			

**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:	<b>FORMS CHECKLIST</b>	<b>OR</b>	<input checked="" type="checkbox"/> Advertising sponsored during the election proceedings period had a total value of less than \$500; no additional forms required.
Summary of Total Value of Advertising – Form 4214	<input type="checkbox"/>		
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 	DATE (YYYY / MM / DD) <b>2017/12/26</b>
PRINTED NAME OF PERSON SIGNING DECLARATION <b>Robert Vagramov</b>	<b>WARNING:</b> Signing a false statement is a serious offence and is subject to significant penalties.