



ELECTIONS BC
A non-partisan Office of the Legislature

ADVERTISING SPONSOR DISCLOSURE REPORT

F-AS-R (99/11)

PLEASE PRINT IN BLOCK LETTERS OR TYPE

Amendment # _____

TITLE OF INITIATIVE (IF APPLICABLE) OR NAME OF MEMBER OF LEGISLATIVE ASSEMBLY WHO IS SUBJECT OF RECALL PETITION			RECALL/INITIATIVE NUMBER
SPONSOR'S FULL NAME			
MAILING ADDRESS			
CITY/TOWN	POSTAL CODE	PHONE NUMBER () ()	FAX NUMBER () ()
EMAIL ADDRESS			

Sponsor for advertising related to: Initiative Petition Initiative Vote Recall Petition

This disclosure report includes the following forms:

	FORMS CHECKLIST	CHIEF ELECTORAL OFFICE USE ONLY
Value of Advertising by Category – Form Sm-E(b)R	<input type="checkbox"/>	<input type="checkbox"/>
Summary of Contributions by Class – Form Sm-C(b)R	<input type="checkbox"/>	<input type="checkbox"/>
Contributions of Money/Property/Services over \$250 – Form S-A1(b)R	<input type="checkbox"/>	<input type="checkbox"/>
Anonymous Contributions – Form S-A2(b)R	<input type="checkbox"/>	<input type="checkbox"/>

OR

Advertising sponsored during the petition period or vote period did not have a total value of \$500 or more; no additional forms required.

I declare that to the best of my knowledge, information and belief, all the information contained in this report and any attachments is complete and accurate.

SIGNATURE OF SPONSOR / PRINCIPAL OFFICER / PRINCIPAL MEMBER	DATE: (YYYY/MM/DD)
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PRINTED NAME OF PERSON SIGNING DECLARATION

WARNING: Signing a false statement is a serious offence and is subject to significant penalties [Section 162].