



ELECTIONS
A non-partisan Office of the Legislature

ADVERTISING SPONSOR DISCLOSURE REPORT

F-AS-R (09/08)

PLEASE PRINT IN BLOCK LETTERS

Amendment # _____

TITLE OF INITIATIVE (IF APPLICABLE) OR NAME OF MEMBER OF LEGISLATIVE ASSEMBLY WHO IS SUBJECT OF RECALL PETITION		RECALL / INITIATIVE NUMBER	
An initiative to end the HST		IPA-2010-002-051	
SPONSOR'S FULL NAME			
Powell River District Teachers' Association (Catherine Fisher)			
MAILING ADDRESS			
#201-4400 Marino Avenue			
CITY / TOWN	POSTAL CODE	PHONE NUMBER	FAX NUMBER
Powell River	V8A 2K1	(604) 485-5212	(604) 485-2889
EMAIL ADDRESS			
lp47@bcdf.ca			

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 checked="" type="checkbox"/>	<input type="checkbox"/>
Summary of Contributions by Class – Form Sm-C(b)R	<input type="checkbox"/>	<input type="checkbox"/>
Contributions of Money 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 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)
Catherine A. Fisher	2010/07/08

PRINTED NAME OF PERSON SIGNING DECLARATION

Catherine A. Fisher

WARNING: Signing a false statement is a serious offence and is subject to significant penalties.