



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 HARMONIZED SALES TAX (HST)		IPA-2010-002-020	
SPONSOR'S FULL NAME			
(LORRAINE LOGAN) SENIORS ON GUARD FOR MEDICALS			
MAILING ADDRESS			
110 ROYAL AVENUE			
CITY / TOWN	POSTAL CODE	PHONE NUMBER	FAX NUMBER
NEW WESTMINSTER BC	V3L 1H2	(604) 523-7977	()
EMAIL ADDRESS			
logan33@shaw.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	X <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 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)
	2010 / 07 / 16

PRINTED NAME OF PERSON SIGNING DECLARATION
LORRAINE LOGAN

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