



ELECTIONS
A non-partisan Office of the Legislature

ADVERTISING SPONSOR DISCLOSURE REPORT

F-AS-R (09/08)

PLEASE PRINT IN BLOCK LETTERS

Amendment # 1

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)		IP-2010-002	
SPONSOR'S FULL NAME			
BC RETIRED TEACHERS' ASSOCIATION			
MAILING ADDRESS			
100 550 W 6TH AVENUE			
CITY / TOWN	POSTAL CODE	PHONE NUMBER	FAX NUMBER
VANCOUVER	V5Z 4P2	(604) 871 2260	(604) 871 2265
EMAIL ADDRESS			
pat@borta.com			

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)
Sheila Pither	2010/07/19

PRINTED NAME OF PERSON SIGNING DECLARATION
SHEILA PITHER, BORTA PRESIDENT

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



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MAILING ADDRESS 100 550 W 6TH AVENUE			
CITY / TOWN VANCOUVER	POSTAL CODE V5Z 1P2	PHONE NUMBER 604 871 2260	FAX NUMBER 604 871 2265
EMAIL ADDRESS pat@borta.com			

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This disclosure report includes the following forms:

SEE AMENDMENT

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Summary of Contributions by Class – Form Sm-C(b)R	<input type="checkbox"/>	<input type="checkbox"/>
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SIGNATURE OF SPONSOR / PRINCIPAL OFFICER / PRINCIPAL MEMBER <i>Sheila Pither</i>	DATE (YYYY / MM / DD) 2010/07/19
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PRINTED NAME OF PERSON SIGNING DECLARATION SHEILA PITHER, BORTA PRESIDENT
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