



ELECTIONS
A non partisan Office of the Legislature

ADVERTISING SPONSOR DISCLOSURE REPORT

F-AS-R (10/05)

PLEASE PRINT IN BLOCK LETTERS

Amendment # _____

TITLE OF INITIATIVE OR NAME OF MEMBER OF LEGISLATIVE ASSEMBLY WHO IS SUBJECT OF RECALL PETITION AN INITIATIVE TO END THE HARMONIZED SALES TAX		INITIATIVE / RECALL NUMBER IP. 2010.002											
SPONSOR'S FULL NAME CANADIAN OFFICE + PROFESSIONAL EMPLOYEES UNION LOCAL 378													
MAILING ADDRESS 200-4595 CANADA WAY													
CITY / TOWN BURNABY	POSTAL CODE V5G 1J9	PHONE NUMBER 604-299-0378	FAX NUMBER 604-299-8211										
EMAIL ADDRESS LMAYHEW@COPE378.CA													
<p>Sponsor for advertising related to: <input checked="" type="checkbox"/> Initiative Petition <input type="checkbox"/> Initiative Vote <input type="checkbox"/> Recall Petition</p> <p>This disclosure report includes the following forms:</p> <table style="width:100%; margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: left;"></th> <th style="text-align: right;">FORMS CHECKLIST</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">Value of Advertising by Category – Form Sm-E(b)R</td> <td style="text-align: center; vertical-align: bottom;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align: right;">Summary of Contributions by Class – Form Sm-C(b)R</td> <td style="text-align: center; vertical-align: bottom;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: right;">Contributions of Money over \$250 – Form S-A1(b)R</td> <td style="text-align: center; vertical-align: bottom;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: right;">Anonymous Contributions – Form S-A2(b)R</td> <td style="text-align: center; vertical-align: bottom;"><input type="checkbox"/></td> </tr> </tbody> </table> <p>OR</p> <p><input checked="" type="checkbox"/> Advertising sponsored during the petition or vote period did not have a total value of \$500 or more; no additional forms required.</p>					FORMS CHECKLIST	Value of Advertising by Category – Form Sm-E(b)R	<input checked="" type="checkbox"/>	Summary of Contributions by Class – Form Sm-C(b)R	<input type="checkbox"/>	Contributions of Money over \$250 – Form S-A1(b)R	<input type="checkbox"/>	Anonymous Contributions – Form S-A2(b)R	<input type="checkbox"/>
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<p>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.</p> <table style="width:100%; border: 1px solid black;"> <tr> <td style="width: 70%; padding: 5px;">SIGNATURE OF SPONSOR / PRINCIPAL OFFICER / PRINCIPAL MEMBER </td> <td style="width: 30%; padding: 5px;">DATE (YYYY / MM / DD) 2010-08-04</td> </tr> <tr> <td colspan="2" style="padding: 5px;">PRINTED NAME OF PERSON SIGNING DECLARATION Lori Mayhew</td> </tr> </table> <p style="text-align: center; font-weight: bold; margin-top: 10px;">WARNING: Signing a false statement is a serious offence and is subject to significant penalties.</p>				SIGNATURE OF SPONSOR / PRINCIPAL OFFICER / PRINCIPAL MEMBER 	DATE (YYYY / MM / DD) 2010-08-04	PRINTED NAME OF PERSON SIGNING DECLARATION Lori Mayhew							
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