THIS IS AN AMENDED FORM IT HAS NOT BEEN AUDITED

ELECTIONS

THIRD PARTY SPONSOR DISCLOSURE REPORT ELECTION

F-TPS (18/01)

ELECTIONS ***** A non-partisan Office of the Legislature	•	Amendment#	
GENERAL VOTING DAY (YYYY / MM / DD) 2019 / 01 30	ELECTORAL DISTRICT (FOR BY-ELECTION O	ONLY)	
sponsor's full NAME Health Sciences MAILING ADDRESS 180 E. Columbia		<u> </u>	
EMAIL INFOR hsabcora	POSTAL CODE 363 PHONE NO. COT 51	7.0994 FAX NO.	
This disclosure report includes the following forms:			FORMS CHECKLIST
·	Value of Advertising by Category Summary of Sponsorship Contributions	Form Sm-E(b) Form Sm-C(b)	×
Sponsorship Contributions of Mo	oney, Goods or Services Greater than \$250 Anonymous Contributions	Form S-A1(b) Form S-A2(b)	
OR Advertising sponsored during the campaign period greater than \$500; no additional forms required.	od did not have a total value of		
I declare that to the best of my knowledge, information and contained in this report and any attachments is complete a			
SIGNATURE OF SPONSOR / PRINCIPAL OFFICER / PRINCIPAL MEMBE	R Sept. 1177 Sept. Sept. 1 Sep	DATE (YYYY /MM / DD)	8'
PRINTED NAME OF PERSON SIGNING DECLARATION VALERIE HVERY			
WARNING: Signing a false statement	is a serious offence and is subject to significa	nt penalties.	