

Amendment # _____

TITLE OF INITIATIVE OR NAME OF MEMBER OF LEGISLATIVE ASSEMBLY WHO IS SUBJECT OF RECALL PETITION				INITIATIVE / RECALL NUMBER	
SPONSOR'S FULL NAME					
MAILING ADDRESS					
CITY / TOWN	PROVINCE	POSTAL CODE	PHONE NO.	FAX NO.	
EMAIL					

Sponsor for advertising related to: Initiative Petition Initiative Vote Recall Petition

This disclosure report includes the following forms:

	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"/>

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)
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PRINTED NAME OF PERSON SIGNING DECLARATION

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