



**ELECTIONS BC**  
A non-partisan Office of the Legislature

# ADVERTISING SPONSOR DISCLOSURE REPORT

F-AS-R (99/11)

PLEASE PRINT IN BLOCK LETTERS OR TYPE

Amendment # \_\_\_\_\_

TITLE OF INITIATIVE (IF APPLICABLE) OR NAME OF MEMBER OF LEGISLATIVE ASSEMBLY WHO IS SUBJECT OF RECALL PETITION		RECALL/INITIATIVE NUMBER	
SPONSOR'S FULL NAME <b>CITIZENS' ASSEMBLY ALUMNI ASSOCIATION</b>			
MAILING ADDRESS <b>3221 WEST 14<sup>TH</sup> AVE.</b>			
CITY/TOWN <b>VANCOUVER</b>	POSTAL CODE <b>V6K 2Y2</b>	PHONE NUMBER <b>(604) 736-4064</b>	FAX NUMBER <b>( )</b>
EMAIL ADDRESS <b>jreilly_cgordon@hotmail.com</b>			

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

This disclosure report includes the following forms:

- |   |               |                          |   |                 |   |                                 |                          |                          |                          |                          |
|---|---------------|--------------------------|---|-----------------|---|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Value of Advertising by Category –                    | Form Sm-E(b)R | <input type="checkbox"/> | <table border="1"> <tr><td>FORMS CHECKLIST</td></tr> <tr><td>✓</td></tr> <tr><td>CHIEF ELECTORAL OFFICE USE ONLY</td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> </table> | FORMS CHECKLIST | ✓ | CHIEF ELECTORAL OFFICE USE ONLY | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| FORMS CHECKLIST                                       |               |                          |   |                 |   |                                 |                          |                          |                          |                          |
| ✓   |               |                          |   |                 |   |                                 |                          |                          |                          |                          |
| CHIEF ELECTORAL OFFICE USE ONLY                       |               |                          |   |                 |   |                                 |                          |                          |                          |                          |
| <input type="checkbox"/>                              |               |                          |   |                 |   |                                 |                          |                          |                          |                          |
| <input type="checkbox"/>                              |               |                          |   |                 |   |                                 |                          |                          |                          |                          |
| <input type="checkbox"/>                              |               |                          |   |                 |   |                                 |                          |                          |                          |                          |
| <input type="checkbox"/>                              |               |                          |   |                 |   |                                 |                          |                          |                          |                          |
| Summary of Contributions by Class –                   | Form Sm-G(b)R | <input type="checkbox"/> |   |                 |   |                                 |                          |                          |                          |                          |
| Contributions of Money/Property/Services 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 period 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) <b>2009/07/14</b>
PRINTED NAME OF PERSON SIGNING DECLARATION <b>JILL REILLY</b>	

**WARNING: Signing a false statement is a serious offence and is subject to significant penalties [Section 162].**