



FINANCING REPORT LEADERSHIP CONTESTANT

F-LC
(17/12)

ELECTIONS BC
A non-partisan Office of the Legislature

Amendment # _____

CONTESTANT'S LAST NAME			FIRST NAME			MIDDLE NAME(S)		
REGISTERED POLITICAL PARTY								
SELECTED BY ACCLAMATION						CONTEST DATE		
YES <input type="checkbox"/> NO <input type="checkbox"/>								
FINANCIAL AGENT'S LAST NAME			FIRST NAME			MIDDLE NAME(S)		
FINANCIAL AGENT'S MAILING ADDRESS								
CITY / TOWN				POSTAL CODE		PHONE NO.		FAX NO.
EMAIL								

This financing report includes the following forms: **FORMS CHECKLIST**

This form must be included in all reports.	Statement of Income and Expenses	Form St-I&E-L	<input type="checkbox"/>
Only complete these forms if there is information to report.	Summary of Political Contributions	Form Sm-C	<input type="checkbox"/>
	Political Contributions of Money/Property/Services over \$250	Form S-A1	<input type="checkbox"/>
	Permitted Anonymous Contributions Accepted at Functions	Form S-A2	<input type="checkbox"/>
	Prohibited Contributions	Form S-Ax	<input type="checkbox"/>
	Personal Expenses of the Contestant	Form Sm-PE	<input type="checkbox"/>
	Summary of Fundraising Functions	Form Sm-F	<input type="checkbox"/>
	Fundraising Function	Form S-F	<input type="checkbox"/>
	Loans & Guarantees	Form S-L	<input type="checkbox"/>
	Transfers Received and Given	Form S-TRF	<input type="checkbox"/>

I, the Financial Agent, declare that:

(a) I am authorized to act on behalf of the above-named contestant;

(b) this report and appropriate forms have been prepared in accordance with the *Election Act*; and

(c) to the best of my knowledge, information and belief, all the information contained in this statement is complete and accurate.

SIGNATURE OF FINANCIAL AGENT	DATE (YYYY / MM / DD)
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WARNING: Signing a false statement is a serious offence and is subject to significant penalties.