



ELECTION FINANCING REPORT CANDIDATE

F-C
(15/09)

ELECTIONS BC
A non-partisan Office of the Legislature

Amendment # _____

CANDIDATE'S LAST NAME		FIRST NAME		MIDDLE NAME(S)
ELECTORAL DISTRICT	POLITICAL PARTY/AFFILIATION		GENERAL VOTING DAY (YYYY / MM / DD)	
FINANCIAL AGENT'S LAST NAME		FIRST NAME		MIDDLE NAME(S)
FINANCIAL AGENT'S MAILING ADDRESS			CITY / TOWN	
POSTAL CODE	PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	

This financing report includes the following forms:

All Candidates:

**FORMS
CHECKLIST**
X

- Statement of Election Income and Expenses – **Form St-I&E-E**
- Summary of Expenses – **Form Sm-E**
- Summary of Political Contributions by Class – **Form Sm-C**
- Political Contributions of Money / Property / Services over \$250 – **Form S-A1**
- Permitted Anonymous Contributions Accepted at Functions – **Form S-A2**
- Prohibited Contributions – **Form S-Ax**
- Personal Expenses Paid by Financial Agent – **Form Sm-PE1**
- Personal Expenses Paid by Candidate – **Form Sm-PE2**
- Summary of Fundraising Functions – **Form Sm-F**
- Fundraising Function – **Form S-F**
- Loans and Guarantees – **Form S-L1**
- Loans / Debts Forgiven / Written Off – **Form S-L2**
- Transfers Received – **Form S-T-Rcv**
- Transfers Given – **Form S-T-Giv**

Candidates Who Were Nomination Contestants:

- Nomination Contestant Expenses – **Form Sm-E-NC**
- Summary of Political Contributions by Class – **Form Sm-C**
- Political Contributions of Money / Property / Services over \$250 – **Form S-A1**
- Permitted Anonymous Contributions Accepted at Functions – **Form S-A2**
- Personal Expenses Paid by Financial Agent – **Form Sm-PE1**
- Personal Expenses Paid by Contestant – **Form Sm-PE2**
- Summary of Fundraising Functions – **Form Sm-F**
- Fundraising Function – **Form S-F**

I, the Financial Agent, declare that:

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

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

All forms included in this report are available for public inspection.

This information is collected under the authority of the *Election Act* and the *Freedom of Information and Protection of Privacy Act*. The information will be used to administer provisions under the *Election Act*. Questions can be directed to: **Privacy Officer**,

PLEASE KEEP A COPY FOR YOUR RECORDS

Elections BC 1-800-661-8683 privacy@elections.bc.ca or PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6