

## **DEREGISTRATION FINANCIAL REPORT**

**CONSTITUENCY ASSOCIATION** 

F-CA(D) (17/12)

| n-partisan Office of the Legislature<br>For Pe  |   |                     |                        | nendment #            | ndment # |  |
|---|---|---------------------|------------------------|-----------------------|----------|--|
|   | YYYY / MM /   | DD YY               | YY / MM / DD           |                       |          |  |
| ONSTITUENCY ASSOCIATION   |   |                     |                        |                       |          |  |
| OLITICAL PARTY/INDEPENDENT MLA  |   |                     |                        |                       |          |  |
| NANCIAL AGENT'S LAST NAME   |   | FIRST NAME          |                        | MIDDLE NAME(S)        |          |  |
| INANCIAL AGENT'S MAILING ADDRESS  |   |                     |                        |                       |          |  |
| ITY / TOWN  |   | POSTAL CODE         | PHONE NO.              | FAX NO.               |          |  |
| MAIL  |   | I                   |                        | I                     |          |  |
| his financial report includes the following   | forms:  |                     |                        | FORMS CHECKLIST       | X        |  |
| These forms must be included in all reports.  | Statement of Assets and Liabilities                           |                     |                        | s Form St-A&L         |          |  |
|   | Statement of Income and Expenses                              |                     |                        | s Form St-I&E         |          |  |
| These forms only need to be filed if there is information to report.  | Summary of Political Contributions                            |                     |                        | s Form Sm-C           |          |  |
|   | Political Contributions of Money/Property/Services over \$250 |                     |                        | 0 Form S-A1           |          |  |
|   | Permitted Anonymous Contributions Accepted at Functions       |                     |                        | s Form S-A2           |          |  |
|   |   | Р                   | rohibited Contribution | s Form S-Ax           | L        |  |
|   |   | Summary of          | Fundraising Function   |                       | <u> </u> |  |
|   |   |                     | Fundraising Functio    |                       |          |  |
|   |   |                     | Loans and Guarantee    |                       |          |  |
|   |   | Iransie             | rs Received and Give   | n Form S-TRF          | L        |  |
| the Financial Agent, declare that:<br>a) I am authorized to act on behalf of the al<br>b) This report and appropriate forms have I<br>c) To the best of my knowledge, information | been prepared in ac   | cordance with the I |                        | nplete 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.

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