

## **DEREGISTRATION FINANCIAL REPORT**

**CONSTITUENCY ASSOCIATION** 

F-CA(D) (17/12)

n-partisan Office of the Legislature 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: a) I am authorized to act on behalf of the al b) This report and appropriate forms have I 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