



ELECTIONS BC
A non-partisan Office of the Legislature

ELECTION FINANCING REPORT

CONSTITUENCY ASSOCIATION

F-CA
(15/09)

Amendment # _____

REGISTERED CONSTITUENCY ASSOCIATION		GENERAL VOTING DAY (YYYY / MM / DD)	
REGISTERED POLITICAL PARTY/INDEPENDENT MLA			
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
Summary of Political Contributions by Class –	Form Sm-C	<input checked="" 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"/>
Summary of Fundraising Functions –	Form Sm-F	<input type="checkbox"/>
Fundraising Function –	Form S-F	<input type="checkbox"/>
Loans and Guarantees –	Form S-L1	<input type="checkbox"/>
Loans/Debts Forgiven/Written Off –	Form S-L2	<input type="checkbox"/>
Transfers Received –	Form S-T-Rcv	<input type="checkbox"/>
Transfers Given –	Form S-T-Giv	<input type="checkbox"/>

I, the Financial Agent, declare that:

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

(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.