

PROHIBITED INITIATIVE CONTRIBUTIONS

S-Ax-I (21/03)

	PROPONENT OR OPF	PONENT NAME					PAGE	
							OF	
	CIRCUMSTANCES	If applicable, provide contributor's name and address if their total contributions are greater than \$250.						
DATE RECEIVED (YYYY/MM/DD)		FULL NAME (If a numbered corporation or an unincorporated organization, include full names of two directors or principal officers/members)	RESIDENTIAL ADDRESS (For classes 2-6*)	AMOUNT	DATE RETURNED (YYYY/MM/DD)	OR	OR DATE REMITTED TO ELECTIONS BC (YYYY/MM/DD)	
* CLASS OF CONTRIBUTOR: 1 – INDIVIDUAL, 2 – CORPORATION, 3 – UNINCORPORATED BUSINESS/COMMERCIAL ORGANIZATION, 4 – TRADE UNION, 5 – NON-PROFIT ORGANIZATION, 6 – OTHER								