



ELECTIONS BC
A non-partisan Office of the Legislature

2018 REFERENDUM PROPONENT OR OPPONENT GROUP FINANCING DISCLOSURE REPORT

F-OP-R
(18/07)

Amendment # _____

FULL NAME OF GROUP		<input type="checkbox"/> PROPONENT <input type="checkbox"/> OPPONENT	
FINANCIAL AGENT'S LAST NAME	FIRST NAME	MIDDLE INITIAL(S)	
FINANCIAL AGENT'S MAILING ADDRESS			
CITY / TOWN	POSTAL CODE	PHONE NUMBER	FAX NUMBER
EMAIL ADDRESS			

This financing report includes the following forms:

		FORMS CHECKLIST
Statement of Referendum Income and Expenses	Form St-I&E-OP-R	<input checked="" type="checkbox"/>
Summary of Expenses	Form Sm-E-OP-R	<input type="checkbox"/>
Summary of Referendum Contributions	Form Sm-C-OP-R	<input type="checkbox"/>
Referendum Contributions of Money / Property / Services over \$250	Form S-A1-OP-R	<input type="checkbox"/>
Anonymous Referendum Contributions	Form S-A2-OP-R	<input type="checkbox"/>
Prohibited Contributions	Form S-Ax-OP-R	<input type="checkbox"/>
Summary of Fundraising Functions	Form Sm-F-OP-R	<input type="checkbox"/>
Fundraising Function	Form S-F-OP-R	<input type="checkbox"/>
Permissible Loan or Guarantee	Form S-L-OP-R	<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 *Electoral Reform Referendum 2018 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)
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WARNING: Signing a false statement is a serious offence and is subject to significant penalties.