



ELECTION FINANCING REPORT CANDIDATE

F-C
(18/01)

ELECTIONS BC
A non-partisan Office of the Legislature

Amendment # _____

CANDIDATE'S LAST NAME		FIRST NAME		MIDDLE NAME(S)
ELECTORAL DISTRICT	POLITICAL PARTY/AFFILIATION		GENERAL VOTING DAY (YYYY / MM / DD)	
FINANCIAL AGENT'S LAST NAME		FIRST NAME		MIDDLE NAME(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 X

These forms must be included in all reports.	Statement of Election Income and Expenses	Form St-I&E-E	<input type="checkbox"/>
	Summary of Expenses	Form Sm-E	<input type="checkbox"/>
These forms only need to be filed if there is information to report.	Summary of Political Contributions	Form Sm-C	<input 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"/>
	Personal Expenses of the Candidate	Form Sm-PE	<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-L	<input type="checkbox"/>
	Transfers Received and Given	Form S-TRF	<input type="checkbox"/>
Summary of Claim for Reimbursement of Election Expenses	Form Sm-CR	<input type="checkbox"/>	
Details of Claim for Reimbursement of Election Expenses	Form S-CR	<input type="checkbox"/>	

Only complete if the candidate ran in a nomination contest.	Nomination Contestant Expenses	Form Sm-E-NC	<input type="checkbox"/>
	Summary of Political Contributions	Form Sm-C	<input 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"/>
	Personal Expenses of the Contestant	Form Sm-PE	<input type="checkbox"/>
	Summary of Fundraising Functions	Form Sm-F	<input type="checkbox"/>
	Fundraising Function	Form S-F	<input type="checkbox"/>

I, the Financial Agent, declare that:

- (a) I am authorized to act on behalf of the above-named candidate;
- (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)
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WARNING: Signing a false statement is a serious offence and is subject to significant penalties.

All forms included in this report are available for public inspection.
PLEASE KEEP A COPY FOR YOUR RECORDS

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 privacy@elections.bc.ca or PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6