



ELECTIONS BC
A non-partisan Office of the Legislature

ELECTION FINANCING REPORT

CONSTITUENCY ASSOCIATION

F-CA
(17/12)

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.
EMAIL		FAX NO.	

This financing report includes the following forms: **FORMS CHECKLIST** **X**

This form must be included in all reports.	Transfers Received and Given	Form S-TRF <input type="checkbox"/>
Only complete these forms 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"/>
	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"/>

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)
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WARNING: Signing a false statement is a serious offence and is subject to significant penalties.