



ELECTIONS BC
A non-partisan Office of the Legislature

ANNUAL FINANCIAL REPORT
POLITICAL PARTY

F-P(A)
(17/12)

For Period _____ to _____ Amendment # _____
YYYY / MM / DD YYYY / MM / DD

REGISTERED POLITICAL PARTY			
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 financial report includes the following forms: FORMS CHECKLIST

These forms must be included in all reports.	Statement of Assets and Liabilities	Form St-A&L	<input type="checkbox"/>
	Statement of Income and Expenses	Form St-I&E	<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"/>
	Combined Contributions to Political Party, Constituency Association, etc.	Form S-A1-A	<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"/>
	Transfers Received and Given	Form S-TRF	<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 report 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.