



# FINANCING REPORT INITIATIVE

F-I  
(18/11)

**ELECTIONS BC**  
A non-partisan Office of the Legislature

Amendment # \_\_\_\_\_

FULL NAME OF AUTHORIZED PARTICIPANT		<input type="checkbox"/> PETITION		<input type="checkbox"/> VOTE		<input type="checkbox"/> PROPONENT		<input type="checkbox"/> OPPONENT	
TITLE OF INITIATIVE									
FINANCIAL AGENT'S LAST NAME			FIRST NAME			MIDDLE NAME(S)			
FINANCIAL AGENT'S MAILING ADDRESS									
CITY / TOWN		PROVINCE	POSTAL CODE		PHONE NO.		FAX NO.		
ADDRESS WHERE RECORDS ARE MAINTAINED (If different from address above)					CITY / TOWN		POSTAL CODE		
EMAIL									

This financing report includes the following forms:

**FORMS  
CHECKLIST**

- |   |                          |                          |
|---|--------------------------|--------------------------|
|   |                          | <b>X</b>                 |
| Statement of Income and Expenses –                        | <b>Form St-I&amp;E-I</b> | <input type="checkbox"/> |
| Summary of Expenses –                                     | <b>Form Sm-E-I</b>       | <input type="checkbox"/> |
| Summary of Contributions by Class –                       | <b>Form Sm-C-I</b>       | <input type="checkbox"/> |
| Contributions of Money / Property / Services over \$250 – | <b>Form S-A1-I</b>       | <input type="checkbox"/> |
| Permitted Anonymous Contributions Accepted at Functions – | <b>Form S-A2-I</b>       | <input type="checkbox"/> |
| Prohibited Contributions –                                | <b>Form S-Ax-I</b>       | <input type="checkbox"/> |
| Summary of Fundraising Functions –                        | <b>Form Sm-F-I</b>       | <input type="checkbox"/> |
| Fundraising Function –                                    | <b>Form S-F-I</b>        | <input type="checkbox"/> |
| Loans and Guarantees –                                    | <b>Form S-L1-I</b>       | <input type="checkbox"/> |
| Loans / Debts Forgiven / Written Off –                    | <b>Form S-L2-I</b>       | <input type="checkbox"/> |

I, the Financial Agent, declare that:

- (a) I am authorized to act on behalf of the above-named participant;
- (b) This report and appropriate forms have been prepared in accordance with the *Recall and Initiative 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.