

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

GENERAL VOTING DAY (YYYY/MM/DD)			
NAME OF ELECTOR ORGANIZATION			
LEGAL NAME OF ELECTOR ORGANIZATION (IF DIFFERENT)			
BALLOT NAME OF ELECTOR ORGANIZATION (IF DIFFERENT)			
JURISDICTION			
<b>Financial agent:</b>			
FINANCIAL AGENT'S FULL NAME			EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)
FINANCIAL AGENT'S MAILING ADDRESS			PHONE NUMBER
CITY/TOWN	PROV.	POSTAL CODE	EMAIL (IF AVAILABLE)
<b>Authorized principal official:</b>			
AUTHORIZED PRINCIPAL OFFICIAL'S FULL NAME			
AUTHORIZED PRINCIPAL OFFICIAL'S MAILING ADDRESS			PHONE NUMBER
CITY/TOWN	PROV.	POSTAL CODE	EMAIL (IF AVAILABLE)
<b>Responsible principal official:</b>			
RESPONSIBLE PRINCIPAL OFFICIAL'S FULL NAME			
RESPONSIBLE PRINCIPAL OFFICIAL'S MAILING ADDRESS			
CITY/TOWN	PROV.	POSTAL CODE	
<input type="checkbox"/> Tick if elector organization was also a third party sponsor			

<b>DECLARATION:</b>	
I, the undersigned, declare that to the best of my knowledge and belief, this disclosure statement completely and accurately discloses the information required under the <i>Local Elections Campaign Financing Act</i> .	
SIGNATURE OF AUTHORIZED PRINCIPAL OFFICIAL	SIGNATURE OF FINANCIAL AGENT
DATE (YYYY/MM/DD)	DATE (YYYY/MM/DD)
<b>WARNING:</b> Signing a false declaration is a serious offence and is subject to significant penalties.	

Please submit your report to Elections BC: [electoral.finance@elections.bc.ca](mailto:electoral.finance@elections.bc.ca)