

ELECTION FINANCING REPORT

CONSTITUENCY ASSOCIATION

Amendment # _____

REGISTERED CONSTITUENCY ASSOCIATION		FINAL 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			

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"/>
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 with a Total Value Greater than \$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.

Please submit completed report to: electoral.finance@elections.bc.ca