



FINANCING REPORT INITIATIVE

F-1
(16/03)

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**

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