



ELECTIONS BC
A non-partisan Office of the Legislature

ELECTION FINANCING REPORT

POLITICAL PARTY

F-P
(15/09)

Amendment # _____

REGISTERED POLITICAL PARTY		GENERAL VOTING DAY (YYYY / MM / DD)	
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 financing report includes the following forms:

	FORMS CHECKLIST
Statement of Election Income and Expenses – Form St-I&E-E	<input checked="" type="checkbox"/>
Summary of Expenses – Form Sm-E	<input type="checkbox"/>
Summary of Political Contributions by Class – 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"/>
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-L1	<input type="checkbox"/>
Loans / Debts Forgiven / Written Off – Form S-L2	<input type="checkbox"/>
Transfers Received – Form S-T-Rcv	<input type="checkbox"/>
Transfers Given – Form S-T-Giv	<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)

WARNING: Signing a false statement is a serious offence and is subject to significant penalties.