ELECTIONS BC
A non-partisan Office of the Legislature

TRANSFERS GIVEN

S-T-Giv
(15/06)

NAME OF FILING ENTITY

PAGE
OF

DATE OF TRANSFER (YYYY/MM/DD)	NAME OF ENTITY RECEIVING MONEY, GOODS OR SERVICES	VALUE OF TRANSFER
	TOTAL	**A**

This form is available for public inspection.

PLEASE KEEP A COPY FOR YOUR RECORDS.

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