

POLITICAL PARTY

F-P(I) (20/02)

F	or Period	//MM/DD	to		Amendment #	
REGISTERED POLITICAL PARTY						
FINANCIAL AGENT'S LAST NAME	FIRST NAME				MIDDLE NAME(S)	
FINANCIAL AGENT'S MAILING ADDRESS						
CITY / TOWN		POSTAL CODE		PHONE NO.	FAX NO.	
EMAIL ADDRESS (OPTIONAL)						
This financial report includes the following forms:					FORMS CHECK	LIST X
These forms must be included in all reports.	Summary of Political Contributions				Form Sm-C	
	Political Contributions with a Total Value Greater than \$250				Form S-A1	
These forms only need to be filed if there is information to report.	Permitted Anonymous Contributions Accepted at Function				Form S-A2	
	Prohibited Contributions				Form S-Ax	
	Transfers Received and Giver				Form S-TRF	

- 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 report 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.

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