

# ELECTION FINANCING REPORT

## POLITICAL PARTY

Amendment # \_\_\_\_\_

REGISTERED POLITICAL PARTY		FINAL 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.	
EMAIL			

This financing report includes the following forms:	<b>FORMS CHECKLIST X</b>																																	
<b>These forms must be included in all reports.</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; text-align: right;">Statement of Election Income and Expenses</td> <td style="width: 15%;"><b>Form St-I&amp;E-P</b></td> <td style="width: 25%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: right;">Summary of Election Expenses</td> <td><b>Form Sm-E-P</b></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Statement of Election Income and Expenses	<b>Form St-I&amp;E-P</b>	<input type="checkbox"/>	Summary of Election Expenses	<b>Form Sm-E-P</b>	<input type="checkbox"/>																											
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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)
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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](mailto:electoral.finance@elections.bc.ca)