

For Period  to  Amendment #   
YYYY / MM / DD                      YYYY / MM / DD

FULL NAME OF ELECTOR ORGANIZATION			
LEGAL NAME OF ELECTOR ORGANIZATION (IF DIFFERENT)			
JURISDICTION(S)			
FINANCIAL AGENT'S FULL NAME			
FINANCIAL AGENT'S MAILING ADDRESS			PHONE NUMBER
CITY / TOWN	PROV.	POSTAL CODE	EMAIL (OPTIONAL)

This financial report includes the following forms: FORMS CHECKLIST X

<b>These forms must be included in all reports.</b>	Statement of Assets and Liabilities	<b>Form 4446</b>	<input type="checkbox"/>
	Statement of Income and Expenses	<b>Form 4447</b>	<input type="checkbox"/>
<b>These forms only need to be filed if there is information to report.</b>	Summary of Campaign Contributions	<b>Form 4448</b>	<input type="checkbox"/>
	Campaign Contributions with a Total Value of \$100 or More	<b>Form 4449</b>	<input type="checkbox"/>
	Permissible Loans	<b>Form 4450</b>	<input type="checkbox"/>
	Prohibited Campaign Contributions and Loans	<b>Form 4451</b>	<input type="checkbox"/>
	Summary of Advertising Expenses by Class	<b>Form 4452</b>	<input type="checkbox"/>
	Summary of Fundraising Functions	<b>Form 4453</b>	<input type="checkbox"/>
	Fundraising Function	<b>Form 4454</b>	<input type="checkbox"/>
Transfers Received From or Given to Candidates	<b>Form 4455</b>	<input type="checkbox"/>	

**DECLARATION:**

I, the undersigned, declare that to the best of my knowledge and belief, this financial report completely and accurately discloses the information required under the *Local Elections Campaign Financing Act*.

SIGNATURE OF FINANCIAL AGENT	DATE (YYYY / MM / DD)
SIGNATURE OF AUTHORIZED PRINCIPAL OFFICIAL	DATE (YYYY / MM / DD)

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

Please submit your report to Elections BC: [electoral.finance@elections.bc.ca](mailto:electoral.finance@elections.bc.ca)