

ELECTION FINANCING REPORT

CANDIDATE

Amendment # _____

CANDIDATE'S LAST NAME			FIRST NAME			MIDDLE NAME(S)		
ELECTORAL DISTRICT			POLITICAL PARTY/AFFILIATION			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			

<p>This financing report includes the following forms:</p>	FORMS CHECKLIST X																								
<p>These forms must be included in all reports.</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Statement of Election Income and Expenses</td> <td style="width: 40%; text-align: right;">Form St-I&E-C <input type="checkbox"/></td> </tr> <tr> <td style="padding-left: 100px;">Summary of Expenses</td> <td style="text-align: right;">Form Sm-E-C <input type="checkbox"/></td> </tr> </table>	Statement of Election Income and Expenses	Form St-I&E-C <input type="checkbox"/>	Summary of Expenses	Form Sm-E-C <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 candidate;

(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