

ANNUAL FINANCIAL REPORT CONSTITUENCY ASSOCIATION

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

REGISTERED CONSTITUENCY ASSOCIATION		
REGISTERED POLITICAL PARTY / INDEPENDENT MLA		
FINANCIAL AGENT'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
FINANCIAL AGENT'S MAILING ADDRESS		
CITY / TOWN	POSTAL CODE	PHONE NO.
EMAIL ADDRESS (OPTIONAL)		

This financial report includes the following forms: FORMS CHECKLIST

These forms must be included in all reports.	Statement of Assets and Liabilities	Form St-A&L	<input type="checkbox"/>
	Statement of Income and Expenses	Form St-I&E	<input type="checkbox"/>
These forms only need to be filed if there is information to report.	Summary of Political Contributions	Form Sm-C	<input type="checkbox"/>
	Political Contributions with a Total Greater than \$250	Form S-A1	<input type="checkbox"/>
	Permitted Anonymous Contributions Accepted at Functions	Form S-A2	<input type="checkbox"/>
	Prohibited Contributions	Form S-Ax	<input type="checkbox"/>
	Summary of Advertising Expenses by Class	Form Sm-A	<input type="checkbox"/>
	Summary of Fundraising Functions	Form Sm-F	<input type="checkbox"/>
	Fundraising Function	Form S-F	<input type="checkbox"/>
Loans and Guarantees	Form S-L	<input type="checkbox"/>	
Transfers Received and Given	Form S-TRF	<input type="checkbox"/>	

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