

# PROHIBITED CONTRIBUTIONS

NAME OF FILING ENTITY

PAGE

OF

DATE RECEIVED (YYYY/MM/DD)	CIRCUMSTANCES	If applicable, provide contributor's name and address if their total contributions are greater than \$250.		AMOUNT	DATE RETURNED (YYYY/MM/DD)	OR	DATE REMITTED TO ELECTIONS BC (YYYY/MM/DD)
		FULL NAME	RESIDENTIAL ADDRESS				
<b>TOTAL</b>				<b>A</b>			