

## RECALL APPOINTMENT OF FINANCIAL AGENT

PLEASE PRINT IN BLOCK LETTERS OR TYPE

PART A		ING AS MY OWN FINANC		NEW APPOINTMEN	T NOTICE OF CHANGE
FULL NAME OF AUTHORIZED PARTIN	CIPANT				CHECK ONE:
NAME OF MEMBER WHO IS THE SUE	BJECT OF THE PETIT	ION	ELECTORAL DISTRICT R	REPRESENTED BY MEME	SER
PART B					
SURNAME		FIRST NAME	MIDDL	LE NAME	HOME PHONE # *
MAILING ADDRESS					WORK PHONE # ( )
CITY / TOWN				POSTAL CODE	FAX # ( )
EMAIL					
<ul> <li>★ In accordance with section 168 of the <i>Recall and Initiative Act</i>, I am requesting that my home telephone number be obscured for the purpose of public inspection.</li> </ul>					
EFFECTIVE DATE OF APPOINTME	<ul> <li>I consent to my appointment as financial agent.</li> <li>I am aware of the obligations and responsibilities of this position under the <i>Recall and Initiative Act</i>.</li> <li>I am not disqualified from acting as financial agent under section 108 of the Act.</li> </ul> SIGNATURE OF FINANCIAL AGENT DATE: (YYYY / MM / DD)				
WARNING:	. "				
Signing a false statement is <b>PART C</b> Address to which notices un different from above.				-	authorized participant if
COMMUNICATION ADDRESS					PHONE # ( )
CITY / TOWN				POSTAL CODE	FAX # ( )
I hereby authorize the abov	e-named individ	dual to act as financia	l agent on my beha	lf:	_
SIGNATURE OF AUTHORIZED PART	ICIPANT		DATE: (YYYY / MM / DD)		
CHIEF ELECTORAL OFFICE USE ONLY					
DATE RECEIVED: (YYYY / MM / DD)		PETITION #			
This form is available for public inspection at the Chief Electoral Office during regular office hours.					
WHITE       - CHIEF ELECTORAL OFF         CANARY       - FINANCIAL AGENT         PINK       - AUTHORIZED PARTICIPA	CE		<ul> <li>Chief Electoral Off Mailing Address: PC Phone: (250) 387-5</li> </ul>	<b>icer, Elections BC</b> D Box 9275 Stn Prov 305 or Toll-free 1-800 8 or Toll-free Fax: 1-	Govt, Victoria B.C. V8W 9J6 )-661-8683 / TTY 1-888-456-5448

Website: http://www.elections.bc.ca

961 (06/08)

# RECALL APPOINTMENT OF FINANCIAL AGENT – FORM 961

### INSTRUCTIONS

As soon as possible after the appointment is made, a copy of this appointment form must be delivered to the Chief Electoral Officer [*Recall and Initiative Act*, section 108].

#### PART A

- 1. Make a check mark in the appropriate box to indicate if the authorized participant is acting as their own financial agent or if another individual is being appointed as financial agent.
- 2. **Full name of authorized participant:** Enter the full name of the authorized participant for whom this appointment is being made. Make a check mark in the appropriate box to indicate if the authorized participant is the proponent or the Member.
- 3. **Name of Member who is the subject of the petition:** Enter the full name of the Member of the Legislative Assembly who is the subject of the recall petition.
- 4. **Electoral District:** Enter the full name of the electoral district represented by the Member who is the subject of the petition.

### PART B

- 5. **Financial agent name and address:** Enter the financial agent's name, mailing address, phone numbers and fax number.
- 6. Effective date of appointment: Enter the date on which the individual assumed the position of financial agent.
- 7. Signature of financial agent: The individual being appointed must sign and date this declaration.

Note: The financial agent is responsible for administering the authorized participant's finances in accordance with the *Recall and Initiative Act*. For more information on the obligations of the financial agent, refer to Part 7 of the *Recall and Initiative Act*.

The following individuals are disqualified from acting as financial agents:

- election officials, voter registration officials, or employees of Elections BC;
- individuals who do not have full capacity to enter into contracts;
- individuals who are disqualified under section 128 or 131 of the Recall and Initiative Act;
- individuals who have been convicted of an offence under the *Recall and Initiative Act* or the *Election Act* within the last 7 years.

#### PART C

- 8. **Communication address and phone number:** Enter the address to which notices under the *Recall and Initiative Act* may be delivered to the financial agent or authorized participant.
- 9. Signature of authorized participant: The authorized participant must sign and date this declaration.

Questions? Phone: 1-800-661-8683 (toll-free) or (250) 387-5305 Fax: (250) 387-3578 OR Write: Elections British Columbia, PO Box 9275 Stn Prov Govt, Victoria B.C. V8W 9J6 OR Email: electionsbc@elections.bc.ca