



FINANCING REPORT

F-R (99/11)

RECALL

PLEASE PRINT IN BLOCK LETTERS OR TYPE

ELECTIONS BC
A non-partisan Office of the Legislature

Amendment # _____

FULL NAME OF AUTHORIZED PARTICIPANT		FULL NAME OF MEMBER WHO IS THE SUBJECT OF THE RECALL PETITION	
ELECTORAL DISTRICT REPRESENTED BY MEMBER		RECALL PETITION NUMBER	<input type="checkbox"/> PROPONENT <input type="checkbox"/> MEMBER
FINANCIAL AGENT'S SURNAME		FIRST NAME	INITIAL(S)
FINANCIAL AGENT'S MAILING ADDRESS			
CITY/TOWN	POSTAL CODE	PHONE NUMBER ()	FAX NUMBER ()
ADDRESS WHERE RECORDS ARE MAINTAINED (If different from address above)		CITY/TOWN	POSTAL CODE
EMAIL ADDRESS			

This financing report includes the following forms:

	FORMS CHECKLIST	CHIEF ELECTORAL OFFICE USE ONLY
Statement of Income and Expenses –	Form St-I&E-R <input checked="" type="checkbox"/>	<input type="checkbox"/>
Summary of Expenses –	Form Sm-E-R <input type="checkbox"/>	<input type="checkbox"/>
Summary of Contributions by Class –	Form Sm-C-R <input type="checkbox"/>	<input type="checkbox"/>
Contributions of Money/Property/Services over \$250 –	Form S-A1-R <input type="checkbox"/>	<input type="checkbox"/>
Permitted Anonymous Contributions Accepted at Functions –	Form S-A2-R <input type="checkbox"/>	<input type="checkbox"/>
Prohibited Contributions –	Form S-Ax-R <input type="checkbox"/>	<input type="checkbox"/>
Personal Expenses Paid by Financial Agent –	Form Sm-PE1-R <input type="checkbox"/>	<input type="checkbox"/>
Personal Expenses Paid by Authorized Participant –	Form Sm-PE2-R <input type="checkbox"/>	<input type="checkbox"/>
Summary of Fundraising Functions –	Form Sm-F-R <input type="checkbox"/>	<input type="checkbox"/>
Fundraising Function –	Form S-F-R <input type="checkbox"/>	<input type="checkbox"/>
Loans & Guarantees Received –	Form S-L1-R <input type="checkbox"/>	<input type="checkbox"/>
Loans/Debts Forgiven/Written Off –	Form S-L2-R <input type="checkbox"/>	<input type="checkbox"/>

I, the Financial Agent, swear (or solemnly affirm) that:

(a) I am authorized to act on behalf of the above-named participant;

(b) This report and appropriate forms have been prepared in accordance with the *Recall and Initiative Act*; and

(c) To the best of my knowledge, information and belief, all the information contained in this statement is complete and accurate.

SWORN (OR SOLEMNLY AFFIRMED) BEFORE ME

NAME OF FINANCIAL AGENT OF PROPONENT OR MEMBER	AT:	DATE: (YYYY/MM/DD)
SIGNATURE OF FINANCIAL AGENT	COMMISSIONER FOR TAKING AFFIDAVITS FOR BRITISH COLUMBIA	

WARNING: Signing a false statement is a serious offence and is subject to significant penalties [Section 162].