



FINANCING REPORT INITIATIVE

F-I (99/11)

ELECTIONS BC
A non-partisan Office of the Legislature

PLEASE PRINT IN BLOCK LETTERS OR TYPE

Amendment # _____

FULL NAME OF AUTHORIZED PARTICIPANT		<input type="checkbox"/> PETITION	<input type="checkbox"/> VOTE	<input type="checkbox"/> PROPONENT	<input type="checkbox"/> OPPONENT
TITLE OF INITIATIVE					
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"/>
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	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].