

# 4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT

## LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

Amendment # \_\_\_\_\_

|  |                               |  |
|--|-------------------------------|--|
| CANDIDATE'S FULL NAME<br><b>LUCY EVELINE CATHERINE OXMAN</b> |                               | GENERAL VOTING DAY (YYYY/MM/DD)<br><b>2014/11/15</b>     |
| BALLOT NAME (IF DIFFERENT FROM ABOVE)<br><b>LUCY OXMAN</b>   |                               | OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.)<br><b>TRUSTEE</b> |
| MAILING ADDRESS<br><b>2556 HIGHLAND BLVD</b>                 |                               | PHONE NO.<br><b>250-716-6341</b>                         |
| CITY/TOWN<br><b>NANAIMO</b>                                  | POSTAL CODE<br><b>V9S 3N8</b> | EMAIL (IF AVAILABLE)<br><b>lucyoxman614@gmail.com</b>    |

|  |
|--|
| JURISDICTION<br><b>SD68</b>  |
| ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELECTORAL AREA (IF APPLICABLE)<br><b>NANAIMO LADYSMITH</b> |
| BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)                                      |
| LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)                                       |

|  |                               |   |
|--|-------------------------------|---|
| FINANCIAL AGENT'S LAST NAME<br><b>OXMAN</b>                    | FIRST NAME<br><b>LUCY</b>     | MIDDLE NAME<br><b>EVELINE</b>                         |
| FINANCIAL AGENT'S MAILING ADDRESS<br><b>2556 HIGHLAND BLVD</b> |                               | PHONE NO.<br><b>250-716-6341</b>                      |
| CITY/TOWN<br><b>NANAIMO</b>                                    | POSTAL CODE<br><b>V9S 3N8</b> | EMAIL (IF AVAILABLE)<br><b>lucyoxman614@gmail.com</b> |

|   |  |
|---|--|
| EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)<br><b>2014/10/15</b> | If there were previous financial agents, complete form 4236. |
|---|--|

Tick if candidate was registered as a third party sponsor       Tick if candidate acted as a campaign organizer

This disclosure statement includes the following forms:

|  |  |
|--|--|
| Declarations and Campaign Accounts - Form 4221 <input checked="" type="checkbox"/>           | Summary of Election Expenses - Form 4229 <input checked="" type="checkbox"/>               |
| Statement of Income and Expenses - Form 4222 <input checked="" type="checkbox"/>             | Transfers Given to Elector Organization - Form 4230 <input type="checkbox"/>               |
| Summary of Campaign Contributions by Class - Form 4223 <input checked="" type="checkbox"/>   | Other Permissible Payments - Form 4231 <input checked="" type="checkbox"/>                 |
| Significant Contributors (\$100 or more) - Form 4224 <input checked="" type="checkbox"/>     | Shared Election Expense - Form 4232 <input checked="" type="checkbox"/>                    |
| Prohibited Campaign Contributions - Form 4225 <input checked="" type="checkbox"/>            | Transfers Between Candidate's Own Accounts - Form 4233 <input checked="" type="checkbox"/> |
| Transfers Received from Elector Organization - Form 4226 <input checked="" type="checkbox"/> | Disbursement of Surplus Funds - Form 4234 <input checked="" type="checkbox"/>              |
| Other Permissible Deposits - Form 4227 <input type="checkbox"/>                              | Free Advertising from Jurisdiction - Form 4235 <input checked="" type="checkbox"/>         |
| Fundraising Function Ticket Sales - Form 4228 <input checked="" type="checkbox"/>            | Previous Financial Agents - Form 4236 <input checked="" type="checkbox"/>                  |

# 4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS

## LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

|  |
|--|
| NAME OF CANDIDATE<br><b>LUCY EVELINE CATHERINE OXMAN</b> |
|--|

**Declaration:**

I, the undersigned, declare that to the best of my knowledge and belief, this disclosure statement completely and accurately discloses the information required under the *Local Elections Campaign Financing Act (LECFA)*.

|  |   |
|--|---|
| SIGNATURE OF CANDIDATE<br><i>Lucy Oxman</i>    | DATE: (YYYY/MM/DD)<br><b>2015/02/10</b> |
| PRINTED NAME OF CANDIDATE<br><b>LUCY OXMAN</b> |   |

|  |   |
|--|---|
| SIGNATURE OF FINANCIAL AGENT<br><i>Lucy Oxman</i>    | DATE: (YYYY/MM/DD)<br><b>2015/02/10</b> |
| PRINTED NAME OF FINANCIAL AGENT<br><b>LUCY OXMAN</b> |   |

**Campaign accounts:**

|   |
|---|
| NAME OF SAVINGS INSTITUTION<br><b>ISLAND SAVINGS CREDIT UNION</b> |
| ADDRESS<br><b>97-6631 Island HIGHWAY, NANAIMO</b>                 |

|                             |
|-----------------------------|
| NAME OF SAVINGS INSTITUTION |
| ADDRESS                     |

|                             |
|-----------------------------|
| NAME OF SAVINGS INSTITUTION |
| ADDRESS                     |

|                             |
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| NAME OF SAVINGS INSTITUTION |
| ADDRESS                     |

# 4222 - STATEMENT OF INCOME AND EXPENSES

## LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

Total value of campaign contributions from all sources (from box C on form 4223)

887.80

Transfers received from elector organization (from box A on form 4226)

Total other permissible deposits (from box A on form 4227)

Transfers from candidate's own accounts in other jurisdictions (from box A on form 4233)

Total Income (sum of above boxes)

887.80 A

Election expenses (from box A on form 4229)

887.80

Transfers to elector organization (from box A on form 4230)

Total other permissible payments (from box A on form 4231)

Transfers to candidate's own accounts in other jurisdictions (from box B on form 4233)

Amount of surplus funds disbursed (from box A on form 4234)

Total Expenditures (sum of above boxes)

887.80 B

**4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS**

**LOCAL ELECTIONS CANDIDATE**



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

LUCY EVELINE CATHERINE OXMAN

**All Contributions**

Individuals 287.<sup>80</sup>

Corporations

Unincorporated Business/Commercial Organizations

Trade Unions 500.<sup>00</sup>

Non-profit Organizations 100.<sup>00</sup>

Other Identifiable Contributors

Total \$ 887.<sup>80</sup> A

Anonymous contributions \$ B

Total contributions (A + B) \$ C

Total significant contributions (must equal box A on all forms 4224) \$ 887.<sup>80</sup>

Total contributions of less than \$100 \$

Number of contributors who gave less than \$100 #

Number of anonymous contributors #

**4224 - SIGNIFICANT CONTRIBUTORS (\$100 OR MORE)**

**LOCAL ELECTIONS CANDIDATE**



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE PAGE   
**LUCY EVELINE CATHERINE OXMAN** OF

| DATE OF CONTRIBUTION (YYYY/MM/DD) | FULL NAME OF CONTRIBUTOR (For class 2, 3, 4, 5 & 6, include full names of two directors) | ADDRESS OF CONTRIBUTOR (For class 2, 3, 4, 5 & 6 only) | CLASS* | VALUE OF CONTRIBUTION |
|-----------------------------------|--|--|--------|-----------------------|
| 2014/10/13                        | LUCY OXMAN   | [REDACTED]   | 1      | 287.80                |
| 2014/11/01                        | NANAIMO DUNCANS DISTRICT LABOUR COUNCIL  | 3156 BARROWS RD<br>NANAIMO                             | 5      | 100.00                |
| 2014/10/25                        | UFCW 1518<br>IVAN LIMPICRIT, FRANK POZZOBON  | 350 COLUMBIA ST.<br>NEW WESTMINSTER                    | 4      | 500.00                |
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IF NEEDED, ATTACH ADDITIONAL FORMS

\* CLASS OF CONTRIBUTOR:  
 1 - INDIVIDUAL, 2 - CORPORATION, 3 - UNINCORPORATED BUSINESS/COMMERCIAL ORGANIZATION  
 4 - TRADE UNION, 5 - NON-PROFIT ORGANIZATION, 6 - OTHER IDENTIFIABLE CONTRIBUTOR

TOTAL CONTRIBUTIONS **A**

This form is available for public inspection.  
 ORIGINAL - ELECTIONS BC  
 PLEASE KEEP A COPY FOR YOUR RECORDS

This information is collected to administer the Local Elections Campaign Financing Act.  
 Questions? Contact: Privacy Officer, Elections BC  
 1-800-861-8883 PO Box 9276 Stn Prov Govt, Victoria BC V8W 2J6

# 4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS

## LOCAL ELECTIONS CANDIDATE



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|   |  |
|---|--|
| NAME OF CANDIDATE<br><b>LUCY EVELINE CATHERINE OKMAN</b>  | PAGE <input style="width: 20px;" type="text"/> |
|   | OF <input style="width: 20px;" type="text"/>   |
| <b>INSTRUCTIONS: Complete one sheet for each prohibited campaign contribution received.<br/>Attach additional forms if necessary.</b> |  |

| RECEIVED FROM   | DATE RECEIVED<br>(YYYY/MM/DD) | \$ VALUE | DATE RETURNED<br>(YYYY/MM/DD) | OR | DATE REMITTED TO<br>ELECTIONS BC<br>(YYYY/MM/DD) |
|---|-------------------------------|----------|-------------------------------|----|--|
| <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ORGANIZATION<br><input type="checkbox"/> ANONYMOUS |                               |          |                               |    |  |
| DESCRIPTION OF HOW THE PROHIBITED CONTRIBUTION WAS RECEIVED   |                               |          |                               |    |  |
| <b>Complete this field if the prohibited campaign contribution was received from an individual:</b>             |                               |          |                               |    |  |
| NAME OF INDIVIDUAL  |                               |          |                               |    |  |
| <b>Complete these fields if the prohibited campaign contribution was received from an organization:</b>         |                               |          |                               |    |  |
| NAME OF ORGANIZATION  |                               |          |                               |    | CLASS*   |
| MAILING ADDRESS   |                               |          |                               |    |  |
| NAME OF DIRECTOR  |                               |          | NAME OF DIRECTOR              |    |  |

\* CLASSES OF CONTRIBUTORS:  
 1 - INDIVIDUAL, 2 - CORPORATION, 3 - UNINCORPORATED BUSINESS/COMMERCIAL ORGANIZATION,  
 4 - TRADE UNION, 5 - NON-PROFIT ORGANIZATION, 6 - OTHER

# 4226 - TRANSFERS RECEIVED FROM ELECTOR ORGANIZATION LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

|                              |      |
|------------------------------|------|
| NAME OF CANDIDATE            | PAGE |
| LUCY EVELINE CATHERINE OXMAN |      |
|                              | OF   |
|                              |      |

| DATE OF TRANSFER<br>(YYYY/MM/DD) | BALLOT NAME OF ELECTOR ORGANIZATION* | DESCRIPTION (IF NON-MONETARY) | VALUE OF TRANSFER |
|----------------------------------|--------------------------------------|-------------------------------|-------------------|
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| <b>TOTAL</b>                     |                                      |                               | <b>A</b>          |

\*Also include legal name if different than ballot name.

**4227 - OTHER PERMISSIBLE DEPOSITS  
TO CAMPAIGN ACCOUNT  
LOCAL ELECTIONS CANDIDATE**



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE  
**LUCY EVELINE CATHERINE OXMAN**

PAGE   
OF

| DATE<br>(YYYY/MM/DD) | TYPE* | DESCRIPTION | AMOUNT |
|----------------------|-------|-------------|--------|
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\* TYPE:  
 I - Interest  
 D - Dividends of shares paid by credit union  
 S - Surplus funds from previous election returned by jurisdiction  
 F - Fundraising income not reported as a campaign contribution  
 O - Other (describe)

**TOTAL**     **A**



# 4228 - FUNDRAISING FUNCTION TICKET SALES

## LOCAL ELECTIONS CANDIDATE

PLEASE PRINT IN BLOCK LETTERS

SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD



|  |                                  |  |
|--|----------------------------------|--|
| NAME OF CANDIDATE<br><b>LUCY EVELINE CATHERINE OXMAN</b> |                                  | PAGE <input style="width: 30px;" type="text"/> |
|  |                                  | OF <input style="width: 30px;" type="text"/>   |
| DATE OF EVENT (YYYY/MM/DD)                               | DESCRIPTION OF FUNDRAISING EVENT |  |

**Income reported as campaign contributions**

|  | Number of<br>Tickets Sold | Charge<br>per Ticket | Total Charges<br>Collected | Tick If<br>Charge per<br>Ticket<br>Varies |
|--|---------------------------|----------------------|----------------------------|---|
| Purchases by organizations                                       |                           |                      |                            |   |
| Purchases by individuals of more than \$250 worth of tickets     |                           |                      |                            |   |
| Purchases by individuals of tickets that are more than \$50 each |                           |                      |                            |   |
| Total income reported as campaign contributions                  |                           |                      |                            |   |

**Remember to report all campaign contributions on form 4223 - Summary of Campaign Contributions by Class, and if applicable, on form 4224 - Significant Contributors (\$100 or more).**

**Other income not reported as campaign contributions**

|   | Number of<br>Tickets Sold | Charge<br>per Ticket | Total Charges<br>Collected | Tick If<br>Charge per<br>Ticket<br>Varies |
|---|---------------------------|----------------------|----------------------------|---|
| Purchases by individuals of tickets of \$50 or less |                           |                      |                            |   |

# 4229 - SUMMARY OF ELECTION EXPENSES

## LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

LUCK EVELINE CATHERINE OXMAN

### ADVERTISING

|                                 | Column A<br>Election Expenses | Column B<br>Election Proceedings Period Expenses |
|---------------------------------|-------------------------------|--|
| Brochures, pamphlets and flyers |                               |  |
| Internet                        |                               |  |
| Newspaper, magazine, journal    |                               |  |
| Radio                           |                               |  |
| Signs and billboards            | 675                           | 675  |
| Television                      |                               |  |
| Other advertising               |                               |  |

### CAMPAIGN ADMINISTRATION

|  |        |        |
|--|--------|--------|
| Salaries and wages                     |        |        |
| Rent, insurance and utilities          |        |        |
| Courier and postage                    |        |        |
| Furniture and equipment                |        |        |
| Office supplies                        |        |        |
| Professional services                  | 212.80 | 212.80 |
| Other campaign administration expenses |        |        |
| Conventions and meetings               |        |        |
| Other campaign related functions       |        |        |
| Research and polling                   |        |        |
| Interest                               |        |        |

### EXCLUSIONS THAT MUST BE REPORTED

|   |  |  |
|---|--|--|
| Personal election expenses              |  |  |
| Interest on loans for election expenses |  |  |
| Legal and accounting services           |  |  |
| Financial agent services                |  |  |

Other expenses (describe)

Total Expenses

|   |        |   |        |
|---|--------|---|--------|
| A | 887.80 | B | 887.80 |
|---|--------|---|--------|

Column A - Report the value of all election expenses for goods and services used in the campaign period. The campaign period is from January 1, 2014 to November 16, 2014.

Column B - Report the value of all election expenses for goods and services used in the election proceedings period. The election proceedings period is from September 30, 2014 to November 16, 2014.

**4230 - TRANSFERS GIVEN TO ELECTOR ORGANIZATION**  
**LOCAL ELECTIONS CANDIDATE**



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE  
LUCY EVELINE CATHERINE OXMAN

PAGE   
OF

| DATE OF TRANSFER (YYYY/MM/DD) | BALLOT NAME OF ELECTOR ORGANIZATION* | DESCRIPTION (IF NON-MONETARY) | VALUE OF TRANSFER |
|-------------------------------|--------------------------------------|-------------------------------|-------------------|
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\*Also include legal name if different than ballot name.

TOTAL A

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Questions? Contact: Privacy Officer, Elections BC  
1-800-661-8683 PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J8

**4231 - OTHER PERMISSIBLE PAYMENTS  
FROM CAMPAIGN ACCOUNT  
LOCAL ELECTIONS CANDIDATE**



PLEASE PRINT IN BLOCK LETTERS

|  |  |
|--|--|
| NAME OF CANDIDATE<br><b>LUCY BEVELNE CATHERINE OXMAN</b> | PAGE <input style="width: 30px;" type="text"/> |
|  | OF <input style="width: 30px;" type="text"/>   |

| DATE<br>(YYYY/MM/DD) | TYPE* | DESCRIPTION | AMOUNT |
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\* TYPE:  
 B - Bank fees  
 E - Intended election expense that was not used  
 F - Payments made for fundraising purposes  
 N - Nomination deposit  
 O - Other (describe)

|       |   |  |
|-------|---|--|
| TOTAL | A |  |
|-------|---|--|

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**4232 - SHARED ELECTION EXPENSE**

**LOCAL ELECTIONS CANDIDATE**

PLEASE PRINT IN BLOCK LETTERS



**SUBMIT A SEPARATE FORM FOR EACH SHARED ELECTION EXPENSE**

| NAME OF CANDIDATE<br><b>LUCY EVELINE CATHERINE OXMAN</b>   | PAGE <input type="text"/><br>OF <input type="text"/> |             |
|--|--|-------------|
| DESCRIPTION OF SHARED EXPENSE<br><br><br><br><br>  |  |             |
| Total value of shared election expense   | <input type="text"/>                                 |             |
| Candidate's portion of shared election expense*  | <input type="text"/>                                 |             |
| Amount paid directly to supplier (if applicable)   | <input type="text"/>                                 |             |
| Amount of reimbursements given to other candidate(s)   | <input type="text"/>                                 |             |
| Amount of reimbursements received from other candidates  | <input type="text"/>                                 |             |
| <b>*Note: Remember to include your portion of the shared expense as an election expense on form 4229 - Summary of Election Expenses.</b> |  |             |
| <b>Full names of other candidates with whom the expense was shared:</b>  |  |             |
| LAST NAME  | FIRST NAME   | MIDDLE NAME |
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**4233 - TRANSFERS BETWEEN CANDIDATE'S OWN CAMPAIGN ACCOUNTS**  
**LOCAL ELECTIONS CANDIDATE**  
PLEASE PRINT IN BLOCK LETTERS



NAME OF CANDIDATE  
**LUCY EVELINE OKMAN**

PAGE   
OF

**Transfers between candidate's own campaign accounts in same jurisdiction**

| PURPOSE | AMOUNT |
|---------|--------|
|         |        |
|         |        |
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**Transfers from candidate's own campaign accounts in other jurisdictions**

| DATE OF TRANSFER (YYYY/MM/DD) | PURPOSE (INCLUDE NAME OF OTHER JURISDICTION) | AMOUNT                        |
|-------------------------------|--|-------------------------------|
|                               |  |                               |
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| TOTAL                         |  | <b>A</b> <input type="text"/> |

**Transfers to candidate's own campaign accounts in other jurisdictions**

| DATE OF TRANSFER (YYYY/MM/DD) | PURPOSE (INCLUDE NAME OF OTHER JURISDICTION) | AMOUNT                        |
|-------------------------------|--|-------------------------------|
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| TOTAL                         |  | <b>B</b> <input type="text"/> |

The amounts in boxes A and B must be carried forward to form 4222.

### 4234 - DISBURSEMENT OF SURPLUS FUNDS

### LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

LUCY EVELINE CATHERINE OXMAN

Balance remaining in campaign account(s) after payment of all expenses

A

Total amount of campaign contributions from candidate

B

Amount reimbursed to candidate from campaign account for the candidate's contributions to their campaign

C

Date of reimbursement to candidate (YYYY/MM/DD)

Amount of remaining surplus funds (after any reimbursement under box C)

D

If the amount in Box D is \$500 or more, it must be paid to the jurisdiction in which the candidate ran for election. Provide the date of payment (YYYY/MM/DD).

If the amount in Box D is less than \$500 provide details of how it was disbursed.

| DATE<br>(YYYY/MM/DD) | DESCRIPTION | AMOUNT |
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**4235 - FREE ADVERTISING FROM JURISDICTION**

**LOCAL ELECTIONS CANDIDATE**



PLEASE PRINT IN BLOCK LETTERS

| NAME OF CANDIDATE                             |                   |  |
|---|-------------------|--|
| LUCY EUGLINE CATHERINE OXMAN                  |                   |  |
| Free advertising provided by jurisdiction     |                   |  |
| DATE ADVERTISING WAS TRANSMITTED (YYYY/MM/DD) | JURISDICTION      | MEANS OF TRANSMISSION (WEBSITE, FLYER, ETC.) |
| 2014/11/01                                    | CITY OF NANAIMO   | SHAW TV ADS (ALL CANDIDATES)                 |
| 2014/11/05                                    | CITY OF NANAIMO   | CITY PAPER (ALL CANDIDATES)                  |
| 2014/10/30                                    | CITY OF LADYSMITH | WEBSITE (ALL CANDIDATES)                     |
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# 4236 - PREVIOUS FINANCIAL AGENTS

## LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

|  |             |                      |           |
|--|-------------|----------------------|-----------|
| NAME OF CANDIDATE                          |             |                      |           |
| LUCKY EVELINE CATHERINE OXMAN              |             |                      |           |
| EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD) |             |                      |           |
|  |             |                      |           |
| FINANCIAL AGENT'S LAST NAME                | FIRST NAME  | MIDDLE NAME          |           |
|  |             |                      |           |
| FINANCIAL AGENT MAILING ADDRESS            |             |                      | PHONE NO. |
|  |             |                      |           |
| CITY/TOWN                                  | POSTAL CODE | EMAIL (IF AVAILABLE) |           |
|  |             |                      |           |
| EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD) |             |                      |           |
|  |             |                      |           |
| FINANCIAL AGENT'S LAST NAME                | FIRST NAME  | MIDDLE NAME          |           |
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