

## 4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT

## LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

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

CANDIDATE'S FULL NAME <b>MICHAEL KNEELAND DONEGANI</b>		GENERAL VOTING DAY (YYYY/MM/DD) <b>2014/11/15</b>	
BALLOT NAME (IF DIFFERENT FROM ABOVE) <b>MICHAEL DONEGANI</b>		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) <b>COUNCILLOR</b>	
MAILING ADDRESS <b>745 GAETJEN STREET</b>		PHONE NO. <b>(250) 248-9515</b>	
CITY / TOWN <b>PARKSVILLE</b>	POSTAL CODE <b>V9P 1B3</b>	EMAIL (IF AVAILABLE) <b>donegani@msn.com</b>	
JURISDICTION <b>CITY OF PARKSVILLE</b>			
ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELECTORAL AREA (IF APPLICABLE)			
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)			
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)			
FINANCIAL AGENT'S LAST NAME <b>DONEGANI</b>		FIRST NAME <b>MICHAEL</b>	
		MIDDLE NAME <b>KNEELAND</b>	
FINANCIAL AGENT'S MAILING ADDRESS		PHONE NO. <b>(250) 248 9515</b>	
CITY / TOWN <b>PARKSVILLE B.C.</b>	POSTAL CODE <b>V9P 1B3</b>	EMAIL (IF AVAILABLE)	
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD) <b>2014/09/30</b>		If there were previous financial agents, complete form 4236.	
<input type="checkbox"/> Tick if candidate was registered as a third party sponsor		<input type="checkbox"/> 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 checked="" 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 checked="" 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"/>	

## 4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT

## LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

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

CANDIDATE'S FULL NAME <b>MICHAEL KNEELAND DONEGANI</b>		GENERAL VOTING DAY (YYYY/MM/DD) <b>2014/</b>	
BALLOT NAME (IF DIFFERENT FROM ABOVE) <b>MICHAEL DONEGANI</b>		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) <b>Councillor</b>	
MAILING ADDRESS <b>745 GAETJEN STREET</b>		PHONE NO. <b>(250) 248-9515</b>	
CITY / TOWN <b>PARKSVILLE</b>	POSTAL CODE <b>V9P 1B3</b>	EMAIL (IF AVAILABLE)	

JURISDICTION <b>CITY OF PARKSVILLE</b>	
ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELECTORAL AREA (IF APPLICABLE) <div style="text-align: right; font-size: 1.2em; font-weight: bold;">SEE AMENDMENT</div>	
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)	
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)	

FINANCIAL AGENT'S LAST NAME <b>DONEGANI</b>	FIRST NAME <b>MICHAEL</b>	MIDDLE NAME <b>KNEELAND</b>
FINANCIAL AGENT'S MAILING ADDRESS		PHONE NO. <b>(250) 248 9515</b>
CITY / TOWN <b>PARKSVILLE B.C</b>	POSTAL CODE <b>V9P 1B3</b>	EMAIL (IF AVAILABLE)
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD) <b>2014/09/30</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 checked="" 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 checked="" 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

**ELECTIONS BC**  
A non-partisan Office of the Legislature

PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

MICHAEL DONEGANI

**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

DATE: (YYYY/MM/DD) 2014/11/26  
2014/10/08

PRINTED NAME OF CANDIDATE

MICHAEL DONEGANI

SIGNATURE OF FINANCIAL AGENT

DATE: (YYYY/MM/DD) 2014/11/26  
2014/10/08

PRINTED NAME OF FINANCIAL AGENT

MICHAEL DONEGANI

**Campaign accounts:**

NAME OF SAVINGS INSTITUTION

CIBC

ADDRESS

130 MORISON AVE. P.O. Box 370, PARKSVILLE BC. V9P-2G5

NAME OF SAVINGS INSTITUTION

ADDRESS

NAME OF SAVINGS INSTITUTION

ADDRESS

NAME OF SAVINGS INSTITUTION

ADDRESS

**4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS****LOCAL ELECTIONS CANDIDATE**

PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

MICHAEL DONEGANI

**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

DATE: (YYYY/MM/DD)

2014/10/08

PRINTED NAME OF CANDIDATE

MICHAEL DONEGANI

SIGNATURE OF FINANCIAL AGENT

DATE: (YYYY/MM/DD)

2014/10/08

PRINTED NAME OF FINANCIAL AGENT

MICHAEL DONEGANI

**SEE AMENDMENT****Campaign accounts:**

NAME OF SAVINGS INSTITUTION

CIBC

ADDRESS

130 MORISON AVE. P.O. Box 370, PARKSVILLE BC. V9P-2G5

NAME OF SAVINGS INSTITUTION

ADDRESS

NAME OF SAVINGS INSTITUTION

ADDRESS

NAME OF SAVINGS INSTITUTION

ADDRESS

**4222 - STATEMENT OF INCOME AND EXPENSES**  
**LOCAL ELECTIONS CANDIDATE**

PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

MICHAEL DONEGANI

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

10,000.00

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)

10,000.00

A

Election expenses (from box A on form 4229)

6,047.16

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)

3,952.84

Total Expenditures (sum of above boxes)

10,000.00

B

# 4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS

## LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

MICHAEL DONEGANI

**All Contributions**

Individuals	10,000.-	
Corporations		
Unincorporated Business/Commercial Organizations		
Trade Unions		
Non-profit Organizations		
Other Identifiable Contributors		
Total	\$ 10,000.-	A

Anonymous contributions \$ B

Total contributions (A + B) \$ 10,000.- C

Total significant contributions (must equal box A on all forms 4224) \$ 10,000.-

Total contributions of less than \$100 \$ 0

Number of contributors who gave less than \$100 # 0

Number of anonymous contributors # 0



**4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS****LOCAL ELECTIONS CANDIDATE**

PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

MICHAEL DONEGANI

PAGE 1  
OF 1

**INSTRUCTIONS:** Complete one sheet for each prohibited campaign contribution received.  
Attach additional forms if necessary.

RECEIVED FROM	DATE RECEIVED (YYYY/MM/DD)	\$ VALUE	DATE RETURNED (YYYY/MM/DD)	OR	DATE REMITTED TO ELECTIONS BC (YYYY/MM/DD)
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ORGANIZATION <input type="checkbox"/> ANONYMOUS	N/A	N/A	N/A		N/A

DESCRIPTION OF HOW THE PROHIBITED CONTRIBUTION WAS RECEIVED

Complete this field if the prohibited campaign contribution was received from an individual:

NAME OF INDIVIDUAL

Complete these fields if the prohibited campaign contribution was received from an organization:

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



## LOCAL ELECTIONS CANDIDATE



**ELECTIONS BC**  
A non-partisan Office of the Legislature

NAME OF CANDIDATE MICHAEL DONEGAN PAGE 1  
OF 1

[illegible]

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

TOTAL	A
-------	---

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



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE <b>MICHAEL DONEGANI</b>	PAGE <b>1</b>
	OF <b>1</b>

DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AMOUNT
		N/A	
<b>TOTAL</b>			<b>A</b>

## \* 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)

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**  
1-800-661-8683 PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6

**4228 - FUNDRAISING FUNCTION TICKET SALES****LOCAL ELECTIONS CANDIDATE**

PLEASE PRINT IN BLOCK LETTERS

SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD



NAME OF CANDIDATE <div style="font-size: 1.5em; font-family: cursive;">MICHAEL DONEGANI</div>	PAGE <div style="border: 1px solid black; width: 20px; text-align: center;">1</div>
DATE OF EVENT (YYYY/MM/DD)	DESCRIPTION OF FUNDRAISING EVENT <div style="font-size: 1.5em; font-family: cursive;">N/A</div>
OF <div style="border: 1px solid black; width: 20px; text-align: center;">1</div>	

**Income reported as campaign contributions**

	Number of Tickets Sold	Charge per Ticket	Total Charges Collected	Tick if Charge per Ticket Varies
Purchases by organizations	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
Purchases by individuals of more than \$250 worth of tickets	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
Purchases by individuals of tickets that are more than \$50 each	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
Total income reported as campaign contributions			<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	

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 Tickets Sold	Charge per Ticket	Total Charges Collected	Tick if Charge per Ticket Varies
Purchases by individuals of tickets of \$50 or less	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>

## 4229 - SUMMARY OF ELECTION EXPENSES

## LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

MICHAEL DONEGANI

## ADVERTISING

	Column A Election Expenses	Column B Election Proceedings Period Expenses
Brochures, pamphlets and flyers	512.40	512.40
Internet		
Newspaper, magazine, journal	2963.49	2963.49
Radio		
Signs and billboards	2568.17	2568.17
Television		
Other advertising		

## CAMPAIGN ADMINISTRATION

Salaries and wages		
Rent, insurance and utilities		
Courier and postage		
Furniture and equipment		
Office supplies		
Professional services		
Other campaign administration expenses		
Conventions and meetings		
Other campaign related functions		
Research and polling		
Interest	3.10	3.10

## EXCLUSIONS THAT MUST BE REPORTED

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

Other expenses (describe)

Bank fee

3.10

3.10

Total Expenses

A

6047.16

B

6047.16

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 15, 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 15, 2014.

# 4229 - SUMMARY OF ELECTION EXPENSES

## LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

MICHAEL DONEGANI

## ADVERTISING

	Column A Election Expenses	Column B Election Proceedings Period Expenses
Brochures, pamphlets and flyers	512.40	512.40
Internet		
Newspaper, magazine, journal	2963.49	2963.49
Radio		
Signs and billboards	2568.17	2568.17
Television		
Other advertising		

## CAMPAIGN ADMINISTRATION

SEE AMENDMENT

Salaries and wages		
Rent, insurance and utilities		
Courier and postage		
Furniture and equipment		
Office supplies		
Professional services		
Other campaign administration expenses		
Conventions and meetings		
Other campaign related functions		
Research and polling		
Interest	3.10	3.10

## 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

6047.16

B

6047.16

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 15, 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 15, 2014.

**LOCAL ELECTIONS CANDIDATE**



**ELECTIONS BC**  
A non-partisan Office of the Legislature

NAME OF CANDIDATE

MICHAEL DONEGANI

PAGE 1

OF 1

[illegible]

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

TOTAL	A
-------	---

This information is collected to administer the *Local Elections Campaign Financing Act*.  
Questions? Contact: **Privacy Officer, Elections BC**  
1-800-661-8683 PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6

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



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

MICHAEL DONEGANI

PAGE

1

OF

1

DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AMOUNT
		N/A	
TOTAL			A

## \* TYPE:

B – Bank fees

E – Intended election expense that was not used

F – Payments made for fundraising purposes

N – Nomination deposit

O – Other (describe)

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**

1-800-661-8683 PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6

**4232 - SHARED ELECTION EXPENSE****LOCAL ELECTIONS CANDIDATE**

PLEASE PRINT IN BLOCK LETTERS

SUBMIT A SEPARATE FORM FOR EACH SHARED ELECTION EXPENSE



NAME OF CANDIDATE

MICHAEL DONEGANI

PAGE 1

OF 1

DESCRIPTION OF SHARED EXPENSE

N/A

Total value of shared election expense

Candidate's portion of shared election expense\*

Amount paid directly to supplier (if applicable)

Amount of reimbursements given to other candidate(s)

Amount of reimbursements received from other candidates

**\*Note: Remember to include your portion of the shared expense as an election expense on form 4229 - Summary of Election Expenses.**

**Full names of other candidates with whom the expense was shared:**

LAST NAME	FIRST NAME	MIDDLE NAME



# 4233 - TRANSFERS BETWEEN CANDIDATE'S OWN CAMPAIGN ACCOUNTS

## LOCAL ELECTIONS CANDIDATE

PLEASE PRINT IN BLOCK LETTERS



NAME OF CANDIDATE

MICHAEL DONEGANI

PAGE 1

OF 1

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

PURPOSE	AMOUNT
N/A	

## Transfers from candidate's own campaign accounts in other jurisdictions

DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)	AMOUNT
	N/A	
TOTAL		A

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

DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)	AMOUNT
	N/A	
TOTAL		B

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

MICHAEL DONEGANI

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

3,952.84

A

Total amount of campaign contributions from candidate

10,000.00

B

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

3,952.84

C

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

Nov 26/2014

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

0

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 (YYYY/MM/DD)	DESCRIPTION	AMOUNT

## LOCAL ELECTIONS CANDIDATE



**ELECTIONS BC**  
A non-partisan Office of the Legislature

NAME OF CANDIDATE  
MICHAEL DONEGANI

[illegible]

# 4236 - PREVIOUS FINANCIAL AGENTS

## LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

MICHAEL DONEGANI

EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)

FINANCIAL AGENT'S LAST NAME

FIRST NAME

MIDDLE NAME

N/A

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

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

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

FINANCIAL AGENT MAILING ADDRESS

PHONE NO.

CITY/TOWN

POSTAL CODE

EMAIL (IF AVAILABLE)