CON

4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT LOCAL ELECTIONS CANDIDATE



Am	end	ment	#
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CANDIDATE'S FULL NAME Elizabeth (LISA) Jean T	nobault	GENERAL VOTING DAY (YYYY/MM/DD) 2015 112, 112,
BALLOT NAME (IF DIFFERENT FROM ABOVE)	10,420,0011	OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.)
Lisa Thébault		School trustee
MAILING ADDRESS		PHONE NO.
# 93 - 8590 Suprise Driv		604-702-9565
CITY/TOWN	POSTAL CODE	EMAIL (IF AVAILABLE)
CHILLIWACK, BC	Var 1324	lisa. the bault @ gmail
JURISDICTION		
Chilliwack School District # 3		
ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELECTORAL AREA (IF APPLI	CABLE)	
Chilliwack, BC		
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)		
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)		
N/A		
FINANCIAL AGENT'S LAST NAME FIRST NAME		MIDDLE NAME
FINANCIAL AGENTS EAST MAINE		
FINANCIAL AGENT'S MAILING ADDRESS		PHONE NO.
	•	
CITY / TOWN	POSTAL CODE	EMAIL (IF AVAILABLE)
·		-
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)	were previous financia	al agents, complete form 4236.
Tick if candidate acted as their own financial agent	Tick if candidate w	ras registered as a third party sponsor
This disclosure statement includes the following forms:		
Declarations and Campaign Accounts - Form 4221	Summar	y of Election Expenses - Form 4229
Statement of Income and Expenses - Form 4222	Transfers Given	to Elector Organization - Form 4230 V
Summary of Campaign Contributions by Class - Form 4223	Other	Permissible Payments - Form 4231 🔽
Significant Contributors (\$100 or more) - Form 4224	Sh	ared Election Expense – Form 4232 🗾
Prohibited Campaign Contributions – Form 4225	Transfers Between Cand	didate's Own Accounts - Form 4233
Transfers Received from Elector Organization - Form 4226 V	Disburser	ment of Surplus Funds — Form 4234
Other Permissible Deposits — Form 4227	Free Adver	tising from Jurisdiction — Form 4235
Fundraising Function Ticket Sales – Form 4228 $oxedsymbol{ u}$	Prev	vious Financial Agents – Form 4236 🛂 📗

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4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT LOCAL ELECTIONS CANDIDATE

**ELECTIONS
Anon-partisan Office of the Legislature

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SEE AMENDMENT

Amendment #

CANDIDATE'S FULL NAME	GENERAL VOTING DAY (YYYY/MM/DD)
Elizabeth (LISA) Jean TI	1ebault / 2015/12/12
BALLOT NAME (IF DIFFERENT FROM ABOVE)	OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.)
Lisa Thébault	/ School trustee
# 93 - 8590 Suprise Dri	IR PHONE NO. 604 - 702 - 956.5
CITY/TOWN	10 604 702 9565 POSTAL CODE EMAIL (IF AVAILABLE)
CHILLIWACK BC	V2R/3Z4 lisa. thebault@gmail
)	1441/ JZZ 11000 The DOWN C June
JURISDICTION	/
SI SOTORAL ARTHUR COLUMN ARTHUR ARTHU	
ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELECTORAL AREA (IF APPL	ICABLE)
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)	
N/A	
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)	
L N/A	
FINANCIAL AGENT'S LAST NAME FIRST NAME	MIDDLE NAME
FINANCIAL AGENT'S MAILING ADDRESS	PHONE NO.
CITY/TOWN /	POSTAL CODE EMAIL (IF AVAILABLE)
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD) If ther	e were previous financial agents, complete form 4236.
Tick if candidate acted as their own financial agent	Tick if candidate was registered as a third party sponsor
This disclosure statement includes the following forms:	
Declarations and Campaign Accounts – Form 4221	Summary of Election Expenses - Form 4229
Statement of Income and Expenses – Form 4222	Transfers Given to Elector Organization – Form 4230 $\[\nu\]$
Summary of Campaign Contributions by Class - Form 4223	Other Permissible Payments – Form 4231 🕡
Significant Contributors/(\$100 or more) - Form 4224 🔽	Shared Election Expense - Form 4232
Durblish 1 0 / 0 / 0 / 100 100 100	T (
Prohibited Campaign Contributions – Form 4225	Transfers Between Candidate's Own Accounts - Form 4233
Transfers Received from/Elector Organization - Form 4226	Disbursement of Surplus Funds - Form 4234
Other Permissible Deposits - Form 4227	Free Advertising from Jurisdiction - Form 4235
Fundrajśing Function Ticket Sales – Form 4228 🕡	Previous Financial Agents – Form 4236 🔽

4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE	· · · · · · · · · · · · · · · · · · ·
Lisa Thébault	
Declaration:	
I, the undersigned, declare that to the best of my knowledge and belief, this disclosure starequired under the <i>Local Elections Campaign Financing Act</i> (LECFA).	tement completely and accurately discloses the information
SIGNATURE OF CANDIDATE THE SHOWLY	DATE: (YYYY/MM/DD) 2016 Feb 29
PRINTED NAME OF CANDIDATE Lisa Thébault (Elizabeth Jean)	
SIGNATURE OF FINANCIAL AGENT	DATE: (YYYY/MM/DD)
PRINTED NAME OF FINANCIAL AGENT	2016 Feb 29
Lisa Thébault	
Campaign accounts:	
NAME OF SAVINGS INSTITUTION RBC	
ADDRESS Unit #23-6014 Vedder Road Chilliwack,BC. V2R 5M4	
NAME OF SAVINGS INSTITUTION	
ADDRESS	
NAME OF SAVINGS INSTITUTION	
ADDRESS	
NAME OF SAVINGS INSTITUTION	
ADDRESS	



4222 - STATEMENT OF INCOME AND EXPENSES LOCAL ELECTIONS CANDIDATE



Total value of campaign contributions from all sources (from box C on form 4223)	396.23
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)	396.23
Election expenses (from box A on form 4229)	396.2
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)	396.23

4222 - STATEMENT OF INCOME AND EXPENSES LOCAL ELECTIONS CANDIDATE

ELECTIONS A non-partisan Office of the Legislature

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ME OF CANDIDATE sa Thébault		
Total value of campaign contributions from all sources (from box C on form A	223))
Transfers received from elector organization (from box A on form 42	226))
Total other permissible deposits (from box A on form 42	227)	,
Transfers from candidate's own accounts in other jurisdictions (from box A on form 42	33) 0	,
Total Income (sum of above box	res) 0	'
Election expenses (from box A on form 42	29) 396.23	
Transfers to elector organization (from box A on form 42	30) 0	
Total other permissible payments (from box A on form 42	31) 0	
Transfers to candidate's own accounts in other jurisdictions (from box B on form 42	33) 0	
Amount of surplus funds disbursed (from box A on form 42	34) 0	
Total Expenditures (sum of above box	es) 396.23	

4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE LISO Thébault		
	,	
	All Contributions	7
Individuals	396.23	_
Corporations		
Unincorporated Business/Commercial Organizations		
Trade Unions		
Non-profit Organizations		
Other Identifiable Contributors		
Total	\$ 396,23	Α
Anonymous contributions	\$ Ø	В
Total contributions (A + B)	\$ \$ 396.23	С
Total significant contributions (must equal box A on all forms 4224)	\$ # 396.23	
Total contributions of less than \$100	\$ \$	
Number of contributors who gave less than \$100	# Ø	<u> </u>
Number of anonymous contributors	# Ø	

4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS LOCAL ELECTIONS CANDIDATE

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NAME OF CANDIDATE LIST Thébault		
	All Contributions	
Individuals	/	
Corporations		
Unincorporated Business/Commercial Organizations	4	
Trade Unions		
Non-profit Organizations		
Other Identifiable Contributors		
Total	\$ Ø	Α
Anonymous contributions	\$ \$	В
Total contributions (A + B)	\$ \$	С
		7
Total significant contributions (must equal box A on all forms 4224)	\$ 1/5	
Total contributions of less than \$100	\$ 10]
		J
Number of contributors who gave less than \$100	# Ø	1
Nullipel of Collaborations with gave less than \$100	~	
Number of anonymous contributors	# Ø	

4224 - SIGNIFICANT CONTRIBUTORS (\$100 OR MORE) LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE	Lisa Thébault			PAGE (
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
	Elizabeth Thébault			396.23
		, /		
		,		
	,			
	,			
	,			
NEEDED, ATTACH AD CLASS OF CONTRIBUT - INDIVIDUAL, 2 - CC	DITIONAL FORMS TOR: PROPORATION, 3 – UNINCORPORATED BUSINESS/CON NON-PROFIT ORGANIZATION, 6 – OTHER IDENTIFIAE	MMERCIAL ORGANIZATION CONTRIBU	TOTAL JTIONS	396.23

4224 - SIGNIFICANT CONTRIBUTORS (\$100 OR MORE)

LOCAL ELECTIONS CANDIDATE



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SEE AMENDMENT

NAME OF CANDIDATE	Lisa Thébault			PAGE
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
	/ N /			
		Α		
·	/ / .			
F NEEDED, ATTACH A CLASS OF CONTRIB	IDDITIONAL FORMS UTOR: CORPORATION, 3 – UNINCORPORATED BUSINESS/CO – NON-PROFIT ORGANIZATION, 6 – OTHER IDENTIFIA		TOTAL RIBUTIONS	Α
1 - INDIVIDUAL, 2 - C 4 - TRADE UNION, 5	CORPORATION, 3 – UNINCORPORATED BUSINESS/CO – NON-PROFIT ORGANIZATION, 6 – OTHER IDENTIFIA	MMERCIAL ORGANIZATION CONTR BLE CONTRIBUTOR	(IRO11OMS	

4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE LISO Th	ébault				PAGE 1 OF 1
INSTRUCTIONS: Complete one s Attach addition	heet for each prohib al forms if necessary	ited campaign co	ntribution received.		
RECEIVED FROM INDIVIDUAL ORGANIZATION	DATE RECEIVED (YYYY/MM/DD)	\$ VALUE	DATE RETURNED (YYYY/MM/DD)	OR	DATE REMITTED TO ELECTIONS BC (YYYYIMM/DD)
. ANONYMOUS					
DESCRIPTION OF HOW THE PROHIBITED C		/ED N	}		
Complete this field if the prohibi	ted campaign contril	oution was receive	ed from an individual	:	
NAME OF INDIVIDUAL					
Complete these fields if the proh	ibited campaign coņ	tribution was rec	eived from an organiz	zation:	
NAME OF ORGANIZATION					CLASS*
MAILING ADDRESS .					
NAME OF DIRECTOR		NAME OF DIR	ECTOR		

^{*} 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

NAME OF CANDIDATE	Lisa Thébault		PAGE 1
DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER
(,			
			·
	N //+		
		·	
Also include legal name if d	ifferent than ballot name.	TOTAL	A ×

4227 - OTHER PERMISSIBLE DEPOSITS TO CAMPAIGN ACCOUNT



LOCAL ELECTIONS CANDIDATE

PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE	Lisa	Thébault		OF T
DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AF	MOUNT
)		
		11 /A		
		70 / 1		
YPE: - Interest - Dividends of shares p - Surplus funds from pro	aid by gradit un	* used my own personal to bank account.	TOTAL A	Ø

O - Other (describe)

F - Fundraising income not reported as a campaign contribution

4228 - FUNDRAISING FUNCTION TICKET SALES

LOCAL ELECTIONS CANDIDATE





NAME OF CANDIDATE LISO THEB	ault			PAGE OF	1
DATE OF EVENT (YYYY/MM/DD) DESCRIPTIO	ON OF FUNDRAISING EVE	ENT	2		
Income reported as campaign contributio	ns	NA		Tick if	
	Number of Tickets Sold	Charge per Ticket	Total Charges Collected	Charge per Ticket 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 i	ncome reported as	campaign contribution	ıs		
Remember to report all campaign contribution and if applicable, on form 4224 - Signification	utions on form 422 nt Contributors (\$	ዸ3 - Summary of Cam 100 or more).	npaign Contribution	ns by Class,	
Other income not reported as campaign c	ontributions				
	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					

4229 - SUMMARY OF ELECTION EXPENSES LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE Lisa Thebault		
<u></u>	Column A	Column B
ADVEDTICINO	Election	Election Proceedings Period Expenses
ADVERTISING	Expenses	,
Brochures, pamphlets and flyers	75 -0	. 75
Internet	0	
Newspaper, magazine, journal	0	
Radio	0	73
Signs and biliboards	300.	300
Television	0	• • • • • • • • • • • • • • • • • • • •
Other advertising	-75.	
CAMPAIGN ADMINISTRATION		
Salaries and wages	0	
Rent, Insurance and utilities	0	
Courier and postage	0	
Furniture and equipment	0	
Office supplies	0	
Professional services	0	
Other campaign administration expenses	0	
Conventions and meetings	0	
Other campaign related functions	21.23	21.23
Research and polling	0	
Interest	0	
EXCLUSIONS THAT MUST BE REPORTED		
Personal election expenses	0	
Interest on toans for election expenses	0	
Legal and accounting services	0	
Financial agent services	0	
Other expenses (describe)		
_		
Total Expenses A	396.23	B 396.23

4229 - SUMMARY OF ELECTION EXPENSES

LOCAL ELECTIONS CANDIDATE





NAME OF CANDIDATE		
Lisa Thebault		
	Column A	Column B
ADVERTISING	Election Expenses	Election Proceedings Period Expenses
Brochures, pamphlets and flyers	0	
Internet	0	
Newspaper, magazine, journal	0	
Radio	0	
Signs and billboards	300.	
Television	0	
Other advertising	75.	
CAMPAIGN ADMINISTRATION	•	1
Salaries and wages	0	
Rent, insurance and utilities	0	
Courier and postage	0	
Furniture and equipment	0	
Office supplies	0	
Professional services	0	
Other campaign administration expenses	0	
Conventions and meetings	0	
Other campaign related functions	21.23	
Research and polling	0	
Interest	0	
EXCLUSIONS THAT MUST BE REPORTED		
Personal election expenses	0	
Interest on loans for election expenses	0	
Legal and accounting services	0	
Financial agent services	0	
Other expenses (describe)		
Total Expenses	A 396.23	В
i den Exponess	A 396.23	
Column A - Report the value of all election expenses for goods and services used in the campaign per		
Column B - Report/the value of all election expenses for goods and services used in the election proc	eedings period.	
\checkmark		

4230 - TRANSFERS GIVEN TO ELECTOR ORGANIZATION LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE	Lisa thébault		PAGE /
DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER
		(
		A	
Also include legal name if	different than ballot name.	TOTAL	A Ø

4231 - OTHER PERMISSIBLE PAYMENTS FROM CAMPAIGN ACCOUNT



LOCAL ELECTIONS CANDIDATE

PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE	Lica	Thébault		PAGE I
	LINU	Medall		OF
DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION //	AM	OUNT
		AA		
· ·				
- 1000				
TYPE:		TOTAL	A &	Ď
B - Bank fees E - Intended election exp	onse that was not	used	<u> </u>	

F - Payments made for fundraising purposes

N – Nomination deposit
O – Other (describe)

4232 - SHARED ELECTION EXPENSE

LOCAL ELECTIONS CANDIDATE





SUBMIT A SEPARATE FORM FOR EACH SHARED ELECTION EXPENSE

NAME OF CANDIDATE	hébault	PAGE 1			
DESCRIPTION OF SHARED EXPENSE					
	Total value of shared	d election expense			
	election expense*				
Amount paid directly to supplier (if applicable) Amount of reimbursements given to other candidate(s)					
	Amount of reimbursements received from	om other candidates			
*Note: Remember to include your por	tion of the shared expense as an election	on expense on form 4229 - Summary of			
Election Expenses.					
Full names of other candidates with whom the expense was shared:					
		MIDDI E MAME			
LAST NAME	FIRST NAME	MIDDLE NAME			
		<u> </u>			
		<u> </u>			
		<u> </u>			
		<u> </u>			
		<u> </u>			
		<u> </u>			
		<u> </u>			
		<u> </u>			

4233 - TRANSFERS BETWEEN CANDIDATE'S OWN CAMPAIGN ACCOUNTS



LOCAL ELECTIONS CANDIDATE

ME OF CANDIDATE LISZ	Thébault			PAGE OF
ınsfers between candidate'	s own campaign accounts in same jurisdiction			
	PURPOSE			AMOUNT
nsfers from candidate's ov	vn campaign accounts in other jurisdictions		<u> </u>	
DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISPICTION)			AMOUNT
(TTT/MINDO)				
	1/2			
	\mathcal{N}/\mathcal{A}			
		TOTAL	Α	
nsfers to candidate's own	campaign accounts in other jurisdictions			
DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)			AMOUNT
		<u></u>		
		TOTA:	ь —	
		TOTAL	В	

4234 - DISBURSEMENT OF SURPLUS FUNDS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE	Lisa Thébault	
	· · · · · · · · · · · · · · · · · · ·	
	Balance remaining in campaign account(s) after payment of all expenses	A
	Total amount of campaign contributions from candidate	396.23 B
Amount reimbursed to	o candidate from campaign account for the candidate's coղպibutions to their campaign	O 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 Bo	ox 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 Bo	x D is less than \$500 provide details of how it was disbursed.	
DATE (YYYY/MM/DD)	DESCRIPTION	AMOUNT

4234 - DISBURSEMENT OF SURPLUS FUNDS

LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE	Lisa Thébault	
		•
	Balance remaining in campaign account(s) after payment of all expenses	A
	Total amount of campaign contributions from candidate	В
Amount reimbursed to	o candidate from campaign account for the candidate's contributions to their campaign	С
	Date of reimbursement to candidate (YYYY/MM/DD)	
	Amount of remaining surplus funds (after any reimbursement under box C)	ØD
If the amount in B	ox 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 Bo	x D is less than \$500 provide details of how it was disbursed.	
DATE (YYYY/MM/DD)	DESCRIPTION	AMOUNT

4235 - FREE ADVERTISING FROM JURISDICTION LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE	isa thébault	/
Free advertising provide	ed by jurisdiction	
DATE ADVERTISING WAS TRANSMITTED (YYYY/MM/DD)	JURISDICTION	MEANS OF TRANSMISSION (WEBSITE, FLYER, ETC.)
		NA
	,	
-		

4236 - PREVIOUS FINANCIAL AGENTS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE	hébault		
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	B	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)	5		
FINANCIAL AGENT'S LAST NAME	FIRST NAME		MIDDLE NAME
FINANCIAL AGENT MAILING ADDRESS	V		PHONE NO.
CITY/TOWN		POSTAL CODE	EMAIL (IF AVAILABLE)