

4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

Amendment # _____

CANDIDATE'S FULL NAME Bruce Allen Lloyd		GENERAL VOTING DAY (YYYY/MM/DD) 2018/02/24
BALLOT NAME (IF DIFFERENT FROM ABOVE) Bruce Lloyd		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) Councillor
MAILING ADDRESS PO Box 530		PHONE NO. 250 284-3365
CITY/TOWN Port Alice	POSTAL CODE V0N 2N0	EMAIL (IF AVAILABLE) NA

JURISDICTION Port Alice
ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELECTORAL AREA (IF APPLICABLE) VILLAGE OF PORT ALICE
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE) NA
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE) NA

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

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

The information on this form is collected under the authority of the Local Elections Campaign Financing Act and the Freedom of Information and Protection of Privacy Act. If you have questions about the collection, use or disclosure of this information, contact the Elections BC Privacy Officer at 1-800-661-8883, electionsbc@elections.bc.ca or PO Box 9275 Stn Prov Govt Victoria, BC V8W 9J6.

4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE Bruce Lloyd

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 <i>BL</i>	DATE: (YYYY/MM/DD) 2018/02/24
-------------------------------------	----------------------------------

PRINTED NAME OF CANDIDATE BRUCE LLOYD

SIGNATURE OF FINANCIAL AGENT	DATE: (YYYY/MM/DD)
------------------------------	--------------------

PRINTED NAME OF FINANCIAL AGENT

Campaign accounts:

NONE!

NAME OF SAVINGS INSTITUTION
ADDRESS

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 Bruce Lloyd

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 <i>BL</i>	DATE: (YYYY/MM/DD) 2018
-------------------------------------	----------------------------

PRINTED NAME OF CANDIDATE BRUCE LLOYD

SIGNATURE OF FINANCIAL AGENT	DATE: (YYYY/MM/DD)
------------------------------	--------------------

PRINTED NAME OF FINANCIAL AGENT

Campaign accounts:

NONE!

SEE AMENDMENT

NAME OF SAVINGS INSTITUTION
ADDRESS

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
Bruce Lloyd

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

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) A

Election expenses (from box A on form 4229)

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) B

4222 - STATEMENT OF INCOME AND EXPENSES

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE
Bruce Lloyd

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

0

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

0

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

0

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

0

Total Income (sum of above boxes)

0 A

SEE
AMENDMENT

Election expenses (from box A on form 4229)

\$ 106.60

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

0

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

0

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

0

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

0

Total Expenditures (sum of above boxes)

\$ 106.60 B

4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE
Bruce Lloyd

		All Contributions	
	Individuals	\$	106.60 A
	Corporations	\$	0 B
	Unincorporated Business/Commercial Organizations	\$	0
	Trade Unions	\$	0
	Non-profit Organizations	\$	0
	Other Identifiable Contributors	\$	0
	Total	\$	106.60 A
	Anonymous contributions	\$	0 B
	Total contributions (A + B)	\$	106.60 C
	Total significant contributions (must equal box A on all forms 4224)	\$	106.60
	Total contributions of less than \$100	\$	0

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

Number of anonymous contributors # 0

4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS

LOCAL ELECTIONS CANDIDATE



ELECTIONS BC
A non-partisan Office of the Legislature

PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE
Bruce Lloyd

**SEE
AMENDMENT**

All Contributions

Individuals	0
Corporations	0
Unincorporated Business / Commercial Organizations	0
Trade Unions	0
Non-profit Organizations	0
Other Identifiable Contributors	0
Total	\$ 0 A

Anonymous contributions \$ 0 B

Total contributions (A + B) \$ 0 C

Total significant contributions (must equal box A on all forms 4224) \$ 0

Total contributions of less than \$100 \$ 0

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

Number of anonymous contributors # 0

4224 - SIGNIFICANT CONTRIBUTORS (\$100 OR MORE)

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE
Bruce Lloyd

PAGE
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
2018/02/24	Bruce Lloyd		1	106.60

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 106.60

4224 - SIGNIFICANT CONTRIBUTORS (\$100 OR MORE)

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

Bruce Lloyd

PAGE 1

OF 1

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
SEE AMENDMENT				

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 0

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

4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE Bruce Lloyd	PAGE <input style="width: 20px;" type="text"/> OF <input style="width: 20px;" type="text"/>
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					

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, 8 - OTHER

**4226 - TRANSFERS RECEIVED
FROM ELECTOR ORGANIZATION
LOCAL ELECTIONS CANDIDATE**



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE Bruce Lloyd	PAGE <input style="width:40px;" type="text"/>
	OF <input style="width:40px;" type="text"/>

DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER
	NA		

*Also include legal name if different than ballot name. TOTAL 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
1-800-661-8683 PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6

4227 - OTHER PERMISSIBLE DEPOSITS
TO CAMPAIGN ACCOUNT
LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE
Bruce Lloyd

PAGE
OF

DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AMOUNT
		NA	

- *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

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 Bruce Lloyd			PAGE <input type="text" value="1"/>	
			OF <input type="text" value="1"/>	
DATE OF EVENT (YYYY/MM/DD)	DESCRIPTION OF FUNDRAISING EVENT			
Income reported as campaign contributions NA				
	Number of Tickets Sold	Charge per Ticket	Total Charges Collected	Tick if Charge per Ticket Varies
Purchases by organizations	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Purchases by individuals of more than \$250 worth of tickets	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Purchases by individuals of tickets that are more than \$50 each	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total income reported as campaign contributions			<input type="text"/>	
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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4229 - SUMMARY OF ELECTION EXPENSES

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

Bruce Lloyd

	Column A Election Expenses	Column B Election Proceedings Period Expenses
ADVERTISING		
SURE COPIES - C. RIVER Brochures, pamphlets and flyers	40.32	40.32
Internet		
Newspaper, magazine, journal		
Radio		
Signs and billboards		
Television		
Other advertising	15.25	15.25
CAMPAIGN ADMINISTRATION		
SEE RECEIPTS FURTHER COPIES PROTOPHIS WELLY VILLAGE (POSTAL) 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		
EXCLUSIONS THAT MUST BE REPORTED		
Personal election expenses		
Interest on loans for election expenses		
Legal and accounting services		
Financial agent services		
Other expenses (describe) (CANADA POST) POSTAL	51.03	51.03
Total Expenses	A 106.60	B 106.60

Column A - Report the value of all election expenses for goods and services used in the campaign period.

Column B - Report the value of all election expenses for goods and services used in the election proceedings period.

4229 - SUMMARY OF ELECTION EXPENSES

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

Bruce Lloyd

ADVERTISING

SURE COPIES - C. RIVER

SEE AMENDMENT

CAMPAIGN ADMINISTRATION

SEE AMENDMENT
 FURTHER photocopies
 WIRE & VIDEOS (not office)

EXCLUSIONS THAT MUST BE REPORTED

Column A

Election Expenses

Column B

Election Proceedings Period Expenses

Brochures, pamphlets and flyers

40.32

Internet

Newspaper, magazine, journal

Radio

Signs and billboards

Television

Other advertising

15.25

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

Personal election expenses

Interest on loans for election expenses

Legal and accounting services

Financial agent services

Other expenses (describe)

(CANADA POST) POSTAL

51.03

Total Expenses

\$106.60

B

0

Column A - Report the value of all election expenses for goods and services used in the campaign period.

Column B - Report the value of all election expenses for goods and services used in the election proceedings period.

4230 - TRANSFERS GIVEN TO ELECTOR ORGANIZATION

LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE Bruce Lloyd	PAGE 1 / 1 OF 1 / 1
----------------------------------	------------------------

DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER
	NA		

*Also include legal name if different than ballot name.

TOTAL	A	0
-------	---	---

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



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

Bruce Lloyd

PAGE 1
OF 1

DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AMOUNT
		NA	

- * 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 3

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

4232 - SHARED ELECTION EXPENSE

LOCAL ELECTIONS CANDIDATE

PLEASE PRINT IN BLOCK LETTERS



SUBMIT A SEPARATE FORM FOR EACH SHARED ELECTION EXPENSE

NAME OF CANDIDATE
Bruce Lloyd

PAGE
OF

DESCRIPTION OF SHARED EXPENSE
NA

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
Bruce Lloyd

NA BL

PAGE 1
OF 1

Transfers between candidate's own campaign accounts in same jurisdiction

PURPOSE	AMOUNT

Transfers from candidate's own campaign accounts in other jurisdictions

DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)	AMOUNT
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
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:

Bruce Lloyd

N.A. BL

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

	A
--	---

Total amount of campaign contributions from candidate

106.60	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).

0	
---	--

If the amount in Box 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



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

Bruce Lloyd

N.A. BL

**SEE
AMENDMENT**

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).

0	
---	--

If the amount in Box 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



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

Bruce Lloyd

N.A., [Signature]

Free advertising provided by jurisdiction

DATE ADVERTISING WAS TRANSMITTED (YYYY/MM/DD)	JURISDICTION	MEANS OF TRANSMISSION (WEBSITE, FLYER, ETC.)

4236 - PREVIOUS FINANCIAL AGENTS
LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE Bruce Lloyd				N.A. SM	
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)	
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)	