

Form 4
Electoral District Association's Financial Statements and
Supporting Schedules
Members and Public Employees Disclosure Act

Reporting Period: January 1 to December 31, 20__

Electoral district: _____

Recognized party: _____

Official Agent:

<i>Name</i>	<i>Mailing Address</i>	<i>Telephone #</i>

Auditor:

<i>Name</i>	<i>Mailing Address</i>	<i>Telephone #</i>

Declaration

We, the undersigned hereby file with the designated person a completed Form 4, *Electoral District Association's Financial Statements and Supporting Schedules*. We have also attached an Auditor's Report if disclosed political contributions exceed \$5000 in the reporting period and a Review Engagement Report if total income, excluding transfers, exceeds \$20 000 in the reporting period.

We declare that to the best of our knowledge and belief the information contained in this form is complete, true and correct and in compliance with the *Members and Public Employees Disclosure Act* and the *Political Contributions Regulations*.

Dated at _____, Nova Scotia, _____, 20__.

 Signature of Official Agent

 Signature of President