

Constituency association name

(include electoral division and party affiliation): _____

Name of collector: _____
[s.37(2)(a)]

For the calendar year ending December 31, _____

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PLEASE PRINT CLEARLY

CONTRIBUTOR					CONTRIBUTION	
SURNAME	FIRST NAME	MIDDLE INITIAL	MANITOBA RESIDENTIAL ADDRESS	POSTAL CODE	AMOUNT	DATE (mm/dd/yyyy)

List all contributions, sign and date the form, indicate "n/a" if there were no contributions in the calendar year

- If contributions have been aggregated for one contributor enter only the year in the "Date" column

Signature of financial officer

Date (mm/dd/yyyy)