

(Please print)

Full Name of Registered Party

Date

For Period Ending

All receipts are to be accounted for. Unused receipts are to be returned to Elections Nova Scotia

I have received the following Tax Receipts from Elections Nova Scotia:		
Signed by the official agent of the Registered Party	Signature	Date
Date	Receipt Numbers starting from	To

I have issued, canceled or have on hand the following Tax Receipts		
Issued	Receipt Numbers starting from	To
Canceled or voided	Receipt Numbers starting from	To
Unused	Receipt Numbers starting from	To

Declaration

I, _____, of _____, declare that I am the Official

 Agent of _____ I also declare, to the best of my knowledge and belief, that the information contained in this Form is complete, true and accurate and is in compliance with the *Elections Act*.

Date	Signature of Official Agent
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