

POLITICAL PARTIES REGISTRATION COMMISSION Elections Finance Form EF02 – PP/C POLITICAL PARTY/CANDIDATE: ASSETS		
INSTRUCTIONS: Complete entire form. Print all responses in CAPITAL LETTERS.		
1.	REPORTING PERIOD: As of:	
2.	NAME OF POLITICAL PARTY/CANDIDATE: Address: Name of National Treasurer: Tel:	
3.	ASSETS – List all monies, balance of bank accounts, stocks, securities, bonds, real estates, vehicles and any fixed assets.	
	Asset Location	Description of Asset
		Le
	ASSETS: Total	Le
If this section does not provide enough space, attach a separate sheet to continue.		

4.	CERTIFICATION: <i>I certify that I have read the information on this form and its supporting documentation and the information contained herewith is true and accurate to the best of my knowledge.</i>	
	Name:..... National Secretary of the Political Party	Name:..... National Treasurer of the Political Party
	Signed:..... National Secretary of the Political Party	Signed:..... National Treasurer of the Political Party
	Date:.....	Date:.....
	Place:.....	Place:.....

POLITICAL PARTIES REGISTRATION COMMISSION Elections Finance Form EF03 – PP/C POLITICAL PARTY/CANDIDATE: ITEMIZED EXPENDITURE		
INSTRUCTIONS: Complete entire form. Print all responses in CAPITAL LETTERS.	PAGE NUMBER	of

1. REPORTING PERIOD: From _____ to _____				
2. NAME OF POLITICAL PARTY/CANDIDATE: Address of National Headquarters: Name of National Treasurer: _____ Tel: _____				
RECIPIENT	ADDRESS	PURPOSE	DATE	AMOUNT PAID
				Le
Total — Expenditures				Le

CERTIFICATION:

I certify that I have read the information on this form and its supporting forms and the information contained herewith is true and accurate to the best of my knowledge.

Name:..... Name:.....
National Secretary of the Political Party National Treasurer of the Political Party

Signed:..... Signed:.....
National Secretary of the Political Party National Treasurer of the Political Party

Date:..... Date:.....

Place:..... Place:.....

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POLITICAL PARTIES REGISTRATION COMMISSION Elections Finance Form EF04-PP/C Political Party/Candidate: Liabilities		
INSTRUCTIONS: Complete entire form. Print all responses in CAPITAL LETTERS.		
1.	REPORTING PERIOD: As of:	
2.	NAME OF POLITICAL PARTY/CANDIDATE:	
	Address:	
	Name of National Treasurer:	Tel:
UNPAID BILLS		
A.	Public Services	Le
B.	Telephone	Le
C.	Salaries	Le
D.	Other (Please Specify)	
i.		Le
ii.		Le
iii.		Le
iv.		Le
v.		Le
vi.		Le
vii.		Le
UNPAID Bills: Total		Le
If this section does not provide enough space, attach a separate sheet to continue.		
PAGE 1		GO TO PAGE 2

OBLIGATIONS – State all debts, obligations, promissory notes, credits and guarantees for such liabilities within Sierra Leone:		
Creditor (Name and Address)	Date Due	Amount
		Le
OBLIGATIONS: Total		Le
If this section does not provide enough space, attach a separate sheet to continue.		
5.	TOTAL LIABILITIES (Add Total UNPAID BILLS + Total OBLIGATIONS)	Le