



FINANCING REPORT

F-R (99/11)

RECALL

PLEASE PRINT IN BLOCK LETTERS OR TYPE

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Amendment # _____

FULL NAME OF AUTHORIZED PARTICIPANT		FULL NAME OF MEMBER WHO IS THE SUBJECT OF THE RECALL PETITION	
ELECTORAL DISTRICT REPRESENTED BY MEMBER		RECALL PETITION NUMBER	<input type="checkbox"/> PROPONENT <input type="checkbox"/> MEMBER
FINANCIAL AGENT'S SURNAME		FIRST NAME	INITIAL(S)
FINANCIAL AGENT'S MAILING ADDRESS			
CITY/TOWN	POSTAL CODE	PHONE NUMBER ()	FAX NUMBER ()
ADDRESS WHERE RECORDS ARE MAINTAINED (If different from address above)		CITY/TOWN	POSTAL CODE
EMAIL ADDRESS			

This financing report includes the following forms:

	FORMS CHECKLIST	CHIEF ELECTORAL OFFICE USE ONLY
Statement of Income and Expenses –	Form St-I&E-R <input checked="" type="checkbox"/>	<input type="checkbox"/>
Summary of Expenses –	Form Sm-E-R <input type="checkbox"/>	<input type="checkbox"/>
Summary of Contributions by Class –	Form Sm-C-R <input type="checkbox"/>	<input type="checkbox"/>
Contributions of Money/Property/Services over \$250 –	Form S-A1-R <input type="checkbox"/>	<input type="checkbox"/>
Permitted Anonymous Contributions Accepted at Functions –	Form S-A2-R <input type="checkbox"/>	<input type="checkbox"/>
Prohibited Contributions –	Form S-Ax-R <input type="checkbox"/>	<input type="checkbox"/>
Personal Expenses Paid by Financial Agent –	Form Sm-PE1-R <input type="checkbox"/>	<input type="checkbox"/>
Personal Expenses Paid by Authorized Participant –	Form Sm-PE2-R <input type="checkbox"/>	<input type="checkbox"/>
Summary of Fundraising Functions –	Form Sm-F-R <input type="checkbox"/>	<input type="checkbox"/>
Fundraising Function –	Form S-F-R <input type="checkbox"/>	<input type="checkbox"/>
Loans & Guarantees Received –	Form S-L1-R <input type="checkbox"/>	<input type="checkbox"/>
Loans/Debts Forgiven/Written Off –	Form S-L2-R <input type="checkbox"/>	<input type="checkbox"/>

I, the Financial Agent, swear (or solemnly affirm) that:

(a) I am authorized to act on behalf of the above-named participant;

(b) This report and appropriate forms have been prepared in accordance with the *Recall and Initiative Act*; and

(c) To the best of my knowledge, information and belief, all the information contained in this statement is complete and accurate.

SWORN (OR SOLEMNLY AFFIRMED) BEFORE ME

NAME OF FINANCIAL AGENT OF PROPONENT OR MEMBER	AT:	DATE: (YYYY/MM/DD)
SIGNATURE OF FINANCIAL AGENT	COMMISSIONER FOR TAKING AFFIDAVITS FOR BRITISH COLUMBIA	

WARNING: Signing a false statement is a serious offence and is subject to significant penalties [Section 162].



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STATEMENT OF INCOME AND EXPENSES

St-I&E-R (99/05)

NAME OF FILING ENTITY

Total value of contributions from all sources (from box **E** on **Sm-C-R**)

Interest income

Total gross fundraising function income not reported as contributions
(from box **E** on **Sm-F-R**)

Other

Total Income (sum of above 4 boxes) **A**

Total value of recall or initiative expenses subject to limits (from box **A** on **Sm-E-R**)

Total value of recall or initiative expenses not subject to limits (from box **B** on **Sm-E-R**)

Total other expenses (from box **C** on **Sm-E-R**)

Total Expenditures (sum of above 3 boxes) **B**

Surplus (Deficit) (A – B) **C**

Balance in bank account as of date of report **D**



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SUMMARY OF EXPENSES

Sm-E-R (99/09)

NAME OF FILING ENTITY

Expenses	Recall or Initiative Expenses Subject to Limits	Recall or Initiative Expenses Not Subject to Limits	Other Expenses
Accounting and audit services			
Bad debt expense			
Bank charges			
Brochures (pamphlets, flyers, etc.)			
Contributions to other organizations			
Convention, workshop and meeting fees and rentals			
Data processing			
Fees charged by Chief Electoral Officer			
Furniture and equipment			
Gifts			
Insurance			
Interest expense			
Media advertising			
Newsletters			
Office rental			
Office supplies, stationery			
Personal expenses of authorized participant (from box G, Sm-PE1-R)			
Postage and courier			
Printing			
Printing of petition sheets			
Professional services			
Research and polling			
Salaries and benefits			
Signs (lawn signs, billboards, etc.)			
Social functions			
Subscriptions and dues			
Telecommunications			
Travel			
Utilities and maintenance			
Victory/thank-you parties			
Total cost of fundraising functions held during the petition or vote period which did not incur net losses (from box F, Sm-F-R)			
Total cost of fundraising functions held outside the petition or vote period (from box G, Sm-F-R)			
Total net losses of fundraising functions which incurred net losses during the petition or vote period (from box H, Sm-F-R)			
Other expenses (describe)			
Total Expenses	\$ <input type="text"/> A	\$ <input type="text"/> B	\$ <input type="text"/> C



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SUMMARY OF CONTRIBUTIONS BY CLASS

Sm-C-R (99/05)

NAME OF FILING ENTITY

Total value of contributions from each of the following classes of contributor:

	Contributions greater than \$250		Contributions of \$250 or less	
Individuals		1a		1b
Corporations		2a		2b
Unincorporated Business/Commercial Organizations		3a		3b
Trade Unions		4a		4b
Non-profit Organizations		5a		5b
Other Identifiable Contributors		6a		6b
Classified subtotals (1a to 6a & 1b to 6b) (box A = box A , S-A1-R)		A		B
Classified totals (A + B)				C
Total anonymous contributions (from box A , S-A2-R)				D
Total value of all contributions from all sources (C + D)				E

Total contributions of money **F**

Total contributions of goods, services and discounts
(includes contributions through loans and debts) **G**

(boxes **F** + **G** must equal box **E**)

Number of contributors who made contributions of less than \$250 in total value **H**



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CONTRIBUTIONS OF MONEY, PROPERTY OR SERVICES WITH A VALUE GREATER THAN \$250

S-A1-R (99/06)

NAME OF FILING ENTITY

PAGE

OF

FULL NAME OF CONTRIBUTOR <small>(If a numbered corporation or an unincorporated organization, include full names of two directors)</small>	CLASS OF CONTRIBUTOR* (✓ APPROPRIATE CLASS)						INDIVIDUAL CONTRIBUTION AMOUNTS	DATE OF EACH INDIVIDUAL CONTRIBUTION	TOTAL OF CONTRIBUTOR'S CONTRIBUTIONS
	1	2	3	4	5	6			

* CLASS OF CONTRIBUTOR:
 1 – INDIVIDUAL, 2 – CORPORATION, 3 – UNINCORPORATED BUSINESS/COMMERCIAL ORGANIZATION,
 4 – TRADE UNION, 5 – NON-PROFIT ORGANIZATION, 6 – OTHER

TOTAL OF INDIVIDUAL CONTRIBUTIONS

A

ORIGINAL — CHIEF ELECTORAL OFFICE
 PLEASE KEEP A COPY FOR YOUR RECORDS

This form is available for public inspection at the
 Chief Electoral Office during regular office hours.



PERMITTED ANONYMOUS CONTRIBUTIONS ACCEPTED AT FUNCTIONS

S-A2-R (99/06)

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NAME OF FILING ENTITY

PAGE
OF

DATE OF FUNCTION	DESCRIPTION OF FUNCTION	NUMBER OF PEOPLE ATTENDING	TOTAL AMOUNT OF ANONYMOUS CONTRIBUTIONS

TOTAL	A	
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PROHIBITED CONTRIBUTIONS

NAME OF FILING ENTITY

PAGE

OF

DATE RECEIVED	CIRCUMSTANCES	AMOUNT	DATE RETURNED	OR	DATE REMITTED TO CHIEF ELECTORAL OFFICE
TOTAL		A			

PERSONAL EXPENSES PAID BY FINANCIAL AGENT

(Personal expenses of authorized participant
which were paid by the financial agent)

NAME OF FILING ENTITY		
Paid by the Financial Agent		
A. Transportation to, from or within electoral district	Air travel	
	Bus, taxi	
	Rental vehicle	
	Private vehicle	
Other (describe)		
	Total	
		A
B. Cost of lodging, meals & incidental expenses while travelling	Hotel, motel	
	Meals	
Incidental expenses (describe)		
	Total	
		B
C. Cost of renting a necessary temporary residence	Rent	
	Family care	
D. All other necessary personal expenses related to recall petition	Disability expenses	
	Total	
		D
E. Total personal expenses paid by the financial agent	Total of items A to D	
	From Sm-PE2-R, box E	
	Total of items E + F	
		G

PERSONAL EXPENSES PAID BY AUTHORIZED PARTICIPANT

Sm-PE2-R (99/05)

**(This form must be completed by the authorized
participant and submitted to the financial agent)**

NAME OF FILING ENTITY

Paid by the Proponent or MLA

A. Transportation to, from or within electoral district

Air travel

Bus, taxi

Rental vehicle

Private vehicle

Other (describe)

Total

A

B. Cost of lodging, meals & incidental expenses while travelling

Hotel, motel

Meals

Incidental expenses (describe)

Total

B

C. Cost of renting a necessary temporary residence

Rent

C

D. All other necessary personal expenses related to petition

Family care

Disability expenses

Total

D

E. Total personal expenses paid by authorized participant

Total of items **A** to **D**

E



SUMMARY OF FUNDRAISING FUNCTIONS

(Total amounts from all forms S-F-R)

NAME OF FILING ENTITY

Number of fundraising functions held

Total gross fundraising function income (sum of boxes **K** on all **S-F-R**)

 A

Total cost of fundraising functions (sum of boxes **L** on all **S-F-R**)

 B

Total net income (or loss) from fundraising functions (**A – B**)

 C

Total amount of gross income reported as contributions
(sum of boxes **F** on all **S-F-R**)

 D

Total amount of gross income NOT reported as contributions
(sum of boxes **J** on all **S-F-R**)

 E

(boxes **D + E** must equal box **A**)

See instructions before completing this section

Total cost of fundraising functions held during the petition or vote period,
which did not incur net losses

 F

Total cost of fundraising functions held outside the petition or vote period

 G

Total net losses of fundraising functions which incurred
net losses during the petition or vote period

 H



FUNDRAISING FUNCTION

(Submit a separate form for each function held)

NAME OF FILING ENTITY	
DATE OF EVENT (YYYY/MM/DD)	DESCRIPTION OF FUNDRAISING EVENT (IF A JOINT EVENT, IDENTIFY OTHER ENTITY)

Gross income reported as contributions

	Number of Tickets Sold	Charge per Ticket	Total Charges Collected	Tick if Charge per Ticket Varies
Purchases by organizations				A
Purchases by individuals of more than \$250 worth of tickets				B
Purchases by individuals of tickets that are more than \$50 each				C

Other gross income reported as contributions, including anonymous contributions (provide full details)

		D
		E

Total gross income reported as contributions (A + B + C + D + E) F

Gross income not reported as 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				G

Other gross income not reported as contributions (provide full details)

		H
		I

Total gross income not reported as contributions (G + H + I) J

Total gross income (box F + J) K

Total cost of function L

Net income (loss) (box K - L) M



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LOANS AND DEBTS FORGIVEN OR WRITTEN-OFF

S-L2-R (99/06)

NAME OF FILING ENTITY PAGE

OF

DATE RECEIVED	FULL NAME OF LENDER / CREDITOR	CLASS OF CONTRIBUTOR* (✓ APPROPRIATE CLASS)						CONDITIONS (If applicable)	AMOUNT OF LOAN / DEBT \$	AMOUNT OF LOAN / DEBT FORGIVEN / WRITTEN-OFF \$	
		1	2	3	4	5	6				
TOTALS								A		B	

*** CLASS OF CONTRIBUTOR:**
 1 – INDIVIDUAL, 2 – CORPORATION, 3 – UNINCORPORATED BUSINESS/COMMERCIAL ORGANIZATION,
 4 – TRADE UNION, 5 – NON-PROFIT ORGANIZATION, 6 – OTHER