



ELECTIONS
A non-partisan Office of the Legislature

FINANCING REPORT

F-R (10/12)

RECALL

PLEASE PRINT IN BLOCK LETTERS OR TYPE

Amendment # _____

FULL NAME OF AUTHORIZED PARTICIPANT CHAD BYRON MOATS		FULL NAME OF MEMBER WHO IS THE SUBJECT OF THE RECALL PETITION DR. TERRY LAKE	
ELECTORAL DISTRICT REPRESENTED BY MEMBER Kamloops-North Thompson		RECALL PETITION NUMBER RP-KAN-2011-002	<input checked="" type="checkbox"/> PROPOSER <input type="checkbox"/> MEMBER
FINANCIAL AGENT'S LAST NAME McAFEE	FIRST NAME Rocky	MIDDLE NAME(S) Shawn	
FINANCIAL AGENT'S MAILING ADDRESS P.O. Box 1225			
CITY/TOWN Kamloops	POSTAL CODE V2C, 6H3	PHONE NUMBER 250-573-1951	FAX NUMBER N/A
ADDRESS WHERE RECORDS ARE MAINTAINED (If different from address above) 210 Lansdowne St.		CITY/TOWN Kamloops	POSTAL CODE V2C, 1X7
EMAIL ADDRESS skullranch@telus.net			

This financing report includes the following forms:

	FORMS CHECKLIST
Statement of Income and Expenses – Form St-I&E-R	<input checked="" type="checkbox"/>
Summary of Expenses – Form Sm-E-R	<input checked="" type="checkbox"/>
Summary of Contributions by Class – Form Sm-C-R	<input checked="" type="checkbox"/>
Contributions of Money / Property / Services over \$250 – Form S-A1-R	<input checked="" type="checkbox"/>
Permitted Anonymous Contributions Accepted at Functions – Form S-A2-R	<input checked="" type="checkbox"/>
Prohibited Contributions – Form S-Ax-R	<input checked="" type="checkbox"/>
Personal Expenses Paid by Financial Agent – Form Sm-PE1-R	<input checked="" type="checkbox"/>
Personal Expenses Paid by Authorized Participant – Form Sm-PE2-R	<input checked="" type="checkbox"/>
Summary of Fundraising Functions – Form Sm-F-R	<input checked="" type="checkbox"/>
Fundraising Function – Form S-F-R	<input checked="" type="checkbox"/>
Loans and Guarantees – Form S-L1-R	<input checked="" type="checkbox"/>
Loans / Debts Forgiven / Written Off – Form S-L2-R	<input checked="" 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 PROPOSER OR MEMBER Rocky Shawn McAfee	AT: Kamloops	DATE (YYYY / MM / DD) 2011-04-18
SIGNATURE OF FINANCIAL AGENT <i>Rocky McAfee</i>	COMMISSIONER FOR TAKING AFFIDAVITS FOR BRITISH COLUMBIA <i>H. Johansen</i>	

WARNING: Signing a false statement is a serious offence and is subject to significant penalties.

Holly Johansen

ORIGINAL — CHIEF ELECTORAL OFFICE
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Commissioner for Taking Affidavits
in the Province of British Columbia

All forms included in this report are available for public inspection
at the Chief Electoral Office during regular office hours.



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STATEMENT OF INCOME AND EXPENSES

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

NAME OF FILING ENTITY

CHAD BYRON MOATS

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 (10/09)

NAME OF FILING ENTITY **CHAD BYRON MOATS**

Expenses	Recall or Initiative Expenses Subject to Limits	Recall or Initiative Expenses Not Subject to Limits	Other Expenses
Accounting and audit services		36	
Bank charges	27		
Convention, workshop and meeting fees and rentals			
Data processing/information technology			
Donations and gifts			
Fees charged by Chief Electoral Officer		50	
Furniture and equipment			
Insurance			
Interest expense			
Media advertising	2888		
Newsletters and promotional material (signs, brochures, etc.)			
Office rent, utilities and maintenance		4504	
Office supplies, stationery	115		
Personal expenses of authorized participant (from box G, Sm-PE1-R)			
Postage and courier	10		
Printing of petition sheets		80	
Professional services			
Research and polling			
Salaries and benefits			
Social functions/thank-you parties			
Telecommunications	876		
Travel	26		
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)	HST	889	

Total Expenses **3942** A **5559** B C



SUMMARY OF CONTRIBUTIONS BY CLASS

Sm-C-R (09/09)

NAME OF FILING ENTITY

CHAD BYRON MOATS

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

	Contributions greater than \$250		Contributions of \$250 or less	
Individuals	820	1a	740	1b
Corporations		2a	14	2b
Unincorporated Business / Commercial Organizations		3a	45	3b
Trade Unions	3000	4a	100	4b
Non-profit Organizations	4200	5a		5b
Other Identifiable Contributions		6a		6b

Classified subtotals (1a to 6a & 1b to 6b)
(box A = box A, S-A1-R) 8020 A 899 B

Classified totals (A + B) 8919 C

Total anonymous contributions (from box A, S-A2-R) 631 D

Total value of all contributions from all sources (C + D) 9550 E

Total contributions of money 9341 F

Total contributions of goods, services and discounts (includes contributions through loans and debts) 209 G
(boxes F + G must equal box E)

Number of contributors who made contributions of \$250 or less in total value 20 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 **CHAD BYRON MOATS**

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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			
Michael Crawford	✓						500	2011/01/06	500
Fight HST					✓		2,200 2,000	2011/01/06 2011/03/03	4,200
CUPE B.C.				✓			3,000	2011/03/03	3,000
TOTAL OF INDIVIDUAL CONTRIBUTIONS							A	7,700	

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

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

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**PERMITTED ANONYMOUS CONTRIBUTIONS
ACCEPTED AT FUNCTIONS**

S-A2-R (99/06)

NAME OF FILING ENTITY: CHAD BYRON MOATS

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DATE OF FUNCTION	DESCRIPTION OF FUNCTION	NUMBER OF PEOPLE ATTENDING	TOTAL AMOUNT OF ANONYMOUS CONTRIBUTIONS
2011/01/11	Town Hall Meeting - Pass the hat	35	200
2011/01/26	Meeting - Pass the hat	12	40
2011/02/07	Meeting - Pass the hat	10	131
2011/02/16	Meeting - Pass the hat	15	260
TOTAL			A 631

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PROHIBITED CONTRIBUTIONS

S-Ax-R (99/06)

NAME OF FILING ENTITY **CHAD BYRON MOATS**

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

TOTAL **A** **0**



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PERSONAL EXPENSES PAID BY FINANCIAL AGENT

Sm-PE1-R (99/05)

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

NAME OF FILING ENTITY **CHAD BYRON MOATS**

Paid by the Financial Agent

A. Transportation to, from or within electoral district

Air travel

Bus, taxi

Rental vehicle

Private vehicle

Other (describe) **Office Paper** **15**

Total **15** **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 recall petition

Family care

Disability expenses

Total **D**

E. Total personal expenses paid by the financial agent

Total of Items A to D **E**

F. Total personal expenses paid out of pocket by authorized participant

From Sm-PE2-R, box E **F**

G. Total personal expenses from Sm-PE1-R & Sm-PE2-R

Total of Items E + F **G**



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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 **CHAD BYRON MOATS**

Paid by the Proponent or MLA

A. Transportation to, from or within electoral district

Air travel	
Bus, taxi	
Rental vehicle	
Private vehicle	
Other (describe) office Paper	100
Total	100 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	100 E
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**SUMMARY OF
FUNDRAISING FUNCTIONS**
(Total amounts from all forms S-F-R)

Sm-F-R (09/08)

NAME OF FILING ENTITY **CHAD BYRON MOATS**

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)

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**



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FUNDRAISING FUNCTION

(Submit a separate form for each function held)

S-F-R (99/06)

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NAME OF FILING ENTITY CHAD BYRON MOATS	
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	<input type="text"/>	<input type="text"/>	<input type="text"/>	A	<input type="checkbox"/>
Purchases by individuals of more than \$250 worth of tickets	<input type="text"/>	<input type="text"/>	<input type="text"/>	B	<input type="checkbox"/>
Purchases by individuals of tickets that are more than \$50 each	<input type="text"/>	<input type="text"/>	<input type="text"/>	C	<input type="checkbox"/>

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	<input type="text"/>	<input type="text"/>	<input type="text"/>	G	<input type="checkbox"/>

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**



LOANS AND GUARANTEES RECEIVED

NAME OF FILING ENTITY **CHAD BYRON MOATS** PAGE
OF

DATE RECEIVED	FULL NAMES OF LENDER AND GUARANTOR	CLASS* (✓)						CONDITIONS (if applicable)	ORIGINAL AMOUNT OF LOAN / GUARANTEE \$	AMOUNT OF LOAN OUTSTANDING \$	INT. RATE %	PRIME RATE %	A	B	C	
		1	2	3	4	5	6						AMOUNT OF INTEREST PAYABLE AT PRIME RATE \$	AMOUNT OF INTEREST BEING CHARGED \$	BENEFIT/ CONTRIBUTION (A - B) \$	
2011/01/06	Fight HST					✓		Forgiven 2011/04/04	2,500	0	0	0	0	0	0	
								TOTAL	D 2,500	E 0						TOTAL F 0

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



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LOANS AND DEBTS FORGIVEN OR WRITTEN-OFF

S-L2-R (99/06)

NAME OF FILING ENTITY **CHAD BYRON MOATS**

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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					
2011/01/06	Fight HST					✓		Forgiven	2500	2200		
TOTALS									A	2500	B	2200

* CLASS OF CONTRIBUTOR:
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