ELECTIONS A non-cartisan Office of the Lecislature

ANNUAL FINANCIAL REPORT CONSTITUENCY ASSOCIATION

PLEASE PRINT IN BLOCK LETTERS

2011/12/31

2011/01/01

	For Period	y/MM/DD to	YYY/MM/DD	Amendment#	
REGISTERED CONSTITUENCY ASSOCIATION	FENOV A COCONTIO				
CHILLIWACK-HOPE CONSTITUT		N .		-	
REGISTERED POLITICAL PARTY / INDEPENDE BRITISH COLUMBIA CONSERVA			-		
FINANCIAL AGENTS LAST NAME PETER		FIRST NAME SACHA		MIDDLE NAME(S) KARIYA	
FINANCIAL AGENT'S MAILING ADDRESS 173-5810 VEDDER ROAD			<u> </u>		
CITY/TOWN CHILLIWACK		POSTAL CODE V2R, 1C4	PHONE NUMBER 778-878-922	FAX NUMBER	
EMAIL ADDRESS SACHA, PETER@GMAIL, COM					
This financial report includes the follow	wing forms:				FORMS CHECKLIST
		Statement of Asse	its and Liabilities –	Form St-A&L	$\stackrel{x}{\boxtimes}$
		Statement of Incom	e and Expenses –	Form St-I&E	\boxtimes
. 435 WOUT TAKE	Sum	mary of Political Contril	butions by Class –	Form Sm-C	₩
P	् olitical Contributions of	Money / Property / Ser	vices over \$250 —	Form S-A1	W
T NGS 5 C HADO		us Contributions Accep	•	Form S-A2	N/A
Prohibited Contributions - Form S-Ax					WYA
Summary of Fundraising Functions – Form Sm-F					/ <u>/</u> /
To the Mark Mark And Control of the		Fund	raising Function -	Form S-F	WΑ
		Loans	and Guarantees –	. Form S-L1.	
	•	Loans / Debts Forgi	ven / Written Off	Form \$-L2	M/A
	•	Trai	nsfers Received –	Form S-T-Rcv	A/M
			Transfers Given –	Form S-T-Giv	WY
, the Financial Agent, declare that: a) I am authorized to act on behalf of th b) this report and appropriate forms hav c) to the best of my knowledge, informs	ve been prepared in acc	cordance with the <i>Electi</i>	ion Act; and this statement is co	mplete and accure	ite.
SIGNATURE OF FINANCIAL AGENT				DATE (YYYY / MM / DD))
Iblh Poten				2012/03/	19

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

STATEMENT OF ASSETS AND LIABILITIES

St-A&L (03/01)



AS OF DATE (YYYY / MM / DD) 2011/12/31

NAME OF FILING ENTITY CHILLIWACK-HOPE CONS	STITUTENCY ASSOCIA	TION - BC CONSERVA	TIVE PARTY
			1
Current Assets	Cash on hand	280	-
•	Cash on deposit	9	
	Accounts receivable		
Bonds, sto	ocks, other investments		-
	Inventory		<u> </u>
Other (describe)			
		Total Current Assets	289
Fixed Assets Investments			
Furniture and fixtures			
(less accumulated amortization)	()		
Office equipment			
(less accumulated amortization)		•	·
(1665 accumulated amortization)			
Land and buildings			1
(less accumulated amortization)	()		
Other (describe)			·
(less accumulated amortization)	()		
· · · · · · · · · · · · · · · · · · ·			
WEGIOW.		Total Fixed Assets Total Assets	0 289 A
Current Liabilities	· · · · · · · · · · · · · · · · · · ·	71 1 W 107 1 107 1	
	Accounts payable		
	ages, salaries payable		
Other (decayles)	Loans payable	-	•
Other (describe)	·	ital Current Liabilities	0
		Mai Current Llaumaes	
Long-term Liabilities	Loans payable		
Other (describe)			
	Total	Long-term Liabilities	0
Total Liabilities			0 B
	Accumulated Su	rplus (Deficit) (A – B)	289 C

STATEMENT OF INCOME AND EXPENSES



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NAME OF FILING ENTITY	
CHILLIWACK-HOPE CONSTITUTENCY ASSOCIATION - BC CONSERVATIVE PARTY	
Income: Total political contributions (box E, form Sm-C) Gross fundraising income not reported as political contributions (box E, form Sm-F) Total transfers received (box A, form S-T-Rev) Interest / investment income Product sales	
Advertising income	
Cther income (describe)	
One income (describe)	
·	
Total Income	0 A
Expenses: Accounting and audit services Amortization expense Bad debt expense Bank charges Convention, workshop and meeting fees and rentals Data processing / information technology Donations and gifts Furniture and equipment insurance Interest expense Media advertising	
Newsletters and promotional materials (signs, brochures, etc.) Office rent, utilities and maintenance Office supplies, stationery Postage and courier Professional services Research and polling Salaries and benefits Social functions/thank-you parties Subscriptions and dues Telecommunications	
Travel Total cost of fundraising functions (box B, form Sm-F) Total transfers given (box A, form S-T-Giv)	
Other expenses (describe)	
Total Expenses	0 B
Period Surplus (Deficit) (A – B)	00
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