



ELECTIONS BC
A non-partisan Office of the Legislature

FINANCING REPORT LEADERSHIP CONTESTANT

F-LC (99/11)

PLEASE PRINT IN BLOCK LETTERS OR TYPE

Amendment # _____

CONTESTANT'S SURNAME ALLINGTON		FIRST NAME ROBERT		INITIAL(S)
REGISTERED POLITICAL PARTY DEMOCRATIC REFORM B.C.				
FINANCIAL AGENT'S SURNAME ALLINGTON		FIRST NAME ROBERT		INITIAL(S)
FINANCIAL AGENT'S MAILING ADDRESS 2-1004 PEMBERTON ROAD				
CITY/TOWN VICTORIA	POSTAL CODE V8S 3R6	PHONE NUMBER (250) 526-4008	FAX NUMBER ()	
EMAIL ADDRESS robertallington@gmail.com				

This financing report includes the following forms:

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

I, the Financial Agent, declare that:
 (a) I am authorized to act on behalf of the above-named contestant;
 (b) This report and appropriate forms have been prepared in accordance with the *Election Act*; and
 (c) To the best of my knowledge, information and belief, all the information contained in this statement is complete and accurate.

SIGNATURE OF FINANCIAL AGENT 	DATE: (YYYYMMDD) 2007/01/17
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WARNING: Signing a false statement is a serious offence and is subject to significant penalties (Section 268).

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

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



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LEADERSHIP CONTESTANT STATEMENT OF INCOME & EXPENSES

SI-E-L (99/DB)

NAME OF FILING ENTITY ROBERT ALLINGTON	POLITICAL PARTY DEMOCRATIC REFORM B.C.
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Income:	Total political contributions (box E, form Sm-C)	0
	Gross fundraising income not reported as political contributions (box E, form Sm-F)	0
	Interest income	0
Other income (describe)		0

Total Income 0 A

Expenses:	Accounting and audit services	0
	Bad debt expense	0
	Bank charges	0
	Brochures (pamphlets, flyers, etc.)	0
	Contributions to other organizations	0
	Convention, workshop and meeting fees and rentals	0
	Data processing	0
	Furniture and equipment	0
	Gifts	0
	Insurance	0
	Interest expense	0
	Media advertising	0
	Newspapers	0
	Office rental	0
	Office supplies, stationery	0
	Personal expenses of contestant (box G, form Sm-FE1)	0
	Postage & courier	0
	Printing	0
	Professional services	0
	Promotional materials (buttons, pins, etc.)	0
	Research & polling	0
	Salaries & benefits	0
	Signs (lawn signs, billboards, etc.)	0
	Social functions	0
	Telecommunications	0
	Travel	0
	Utilities & maintenance	0
	Victory/thank-you parties	0
	Total cost of fundraising functions (box B, form Sm-F)	0
Other expenses (describe)		

Total Contestant Expenses 0 B

Surplus (Deficit) (A - B) 0 C



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SUMMARY OF POLITICAL CONTRIBUTIONS BY CLASS

Sm-C (99/05)

If form is for Nomination Contestant, please tick

NAME OF FILING ENTITY

ROBERT ALLINGTON

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

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

Total amount of all income tax receipts issued for political contributions received (Leadership Contestants cannot issue tax receipts) **I**



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PERSONAL EXPENSES PAID BY FINANCIAL AGENT

Sm-PE1 (BB/05)

(Personal expenses of candidate or contestant
which were paid by the financial agent)

If form is for Nomination Contestant, please tick



NAME OF FILING ENTITY

ROBERT ALLINGTON

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 C

D. All other necessary personal expenses related to campaign or contest

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 candidate or contestant

From Sm-PE2, box E F

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

Total of items E + F G



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PERSONAL EXPENSES PAID BY CANDIDATE / CONTESTANT

Sm-PE2 (99/06)

(This form must be completed by the candidate or contestant
and submitted to the financial agent within 60 days)

If form is for Nomination Contestant, please tick

NAME OF FILING ENTITY

ROBERT ALLINGTON

Paid by the Candidate or Contestant

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 campaign or contest

Family care

Disability expenses

Total D

E. Total personal expenses paid by candidate or contestant

Total of items A to D E



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SUMMARY OF FUNDRAISING FUNCTIONS

(Total amounts from all forms S-F)

Sm-F (99/05)

If form is for Nomination Contestant, please tick

NAME OF FILING ENTITY

Number of fundraising functions held

NONE

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

0

A

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

0

B

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

0

C

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

0

D

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

0

E

(boxes D + E must equal box A)

For election financing reports only (see instructions before completing this section)

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

F

Total cost of fundraising functions held outside the campaign period

G

Total net losses of fundraising functions which incurred
net losses during the campaign period

H