



# FINANCING REPORT LEADERSHIP CONTESTANT

F-LC (11/06)

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Amendment # \_\_\_\_\_

CONTESTANT'S LAST NAME <b>FARNWORTH</b>		FIRST NAME <b>MICHAEL</b>	MIDDLE NAME(S) <b>CECIL</b>	
REGISTERED POLITICAL PARTY <b>N D D</b>				
FINANCIAL AGENT'S LAST NAME <b>EWAN</b>		FIRST NAME <b>GLEN</b>	MIDDLE NAME(S)	
FINANCIAL AGENT'S MAILING ADDRESS <b>Box 429</b>				
CITY/TOWN <b>GOLDEN</b>	POSTAL CODE <b>V0A 1H0</b>	PHONE NUMBER <b>250-344-5258</b>	FAX NUMBER <b>250-344-7374</b>	
EMAIL ADDRESS <b>glnewan@emlaw.ca</b>				

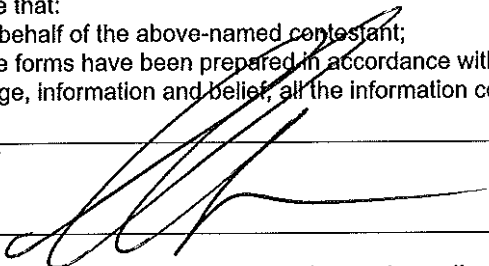
This financing report includes the following forms:

		FORMS CHECKLIST
Statement of Income and Expenses –	Form St-I&E-L	<input checked="" type="checkbox"/>
Summary of Political Contributions by Class –	Form Sm-C	<input checked="" type="checkbox"/>
Political Contributions of Money / Property / Services over \$250 –	Form S-A1	<input checked="" type="checkbox"/>
Permitted Anonymous Contributions Accepted at Functions –	Form S-A2	<input checked="" type="checkbox"/>
Prohibited Contributions –	Form S-Ax	<input checked="" type="checkbox"/>
Personal Expenses Paid by Financial Agent –	Form Sm-PE1	<input checked="" type="checkbox"/>
Personal Expenses Paid by Contestant –	Form Sm-PE2	<input checked="" type="checkbox"/>
Summary of Leadership Contestant Fundraising Functions –	Form Sm-F-L	<input checked="" type="checkbox"/>
Fundraising Function –	Form S-F	<input type="checkbox"/>
Loans & Guarantees –	Form S-L1	<input checked="" type="checkbox"/>
Loans / Debts Forgiven / Written Off –	Form S-L2	<input checked="" type="checkbox"/>
Transfers Received –	Form S-T-Rcv	<input checked="" type="checkbox"/>
Transfers Given –	Form S-T-Giv	<input checked="" 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 (YYYY / MM / DD)  
**2014/04/26**

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



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# LEADERSHIP CONTESTANT STATEMENT OF INCOME & EXPENSES

St-I&E-L (11/07)

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CONTESTANT'S NAME <b>Michael Cecil Farnworth</b>		POLITICAL PARTY <b>NDP</b>	
<b>Income:</b>	Total political contributions (box E, form Sm-C)	334.53	
	Gross fundraising income not reported as political contributions (box E, form Sm-F-L)		
	Total transfers received (box A, form S-T-Rcv)		
	Interest income		
	Other income (describe)		
<b>Total Income (sum of above boxes)</b>		<b>334.53</b>	<b>A</b>
<b>Expenses:</b>	Accounting and audit services		
	Bank charges		
	Convention, workshop and meeting fees and rentals		
	Data processing / information technology	334.53	
	Donations and gifts		
	Furniture and equipment		
	Insurance	325	
	Interest expense		
	Media advertising		
	Newsletter and promotional materials (signs, brochures, etc.)	1,551.2	
	Office rent, utilities and maintenance	3,556.17	
	Office supplies, stationery		
	Personal expenses of contestant (box G, form Sm-PE1)		
	Postage and courier		
	Professional services		
Research and polling			
Salaries and benefits			
Social functions / thank-you parties			
Telecommunications	688.35		
Travel			
Total cost of fundraising functions (box B, form Sm-F-L)			
Total net losses of fundraising functions which incurred net losses (box F, form Sm-F-L)			
Total transfers given (box A, form S-T-Giv)			
Other expenses (describe)			
<b>Total Expenses (sum of above boxes)</b>		<b>6,455.28</b>	<b>B</b>

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## SUMMARY OF POLITICAL CONTRIBUTIONS BY CLASS

Sm-C (06/11)

If form is for Nomination Contestant, please tick

NAME OF FILING ENTITY  
Michael Cecil Farnworth

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

	Contributions greater than \$250		Contributions of \$250 or less	
Individuals	334.53	1a		1b
Corporations		2a		2b
Unincorporated Business / Commercial Organizations		3a		3b
Trade Unions		4a		4b
Non-profit Organizations		5a		5b
Other Identifiable Contributions		6a		6b

Classified subtotals (1a to 6a & 1b to 6b)  
(box A = box A, S-A1) 334.53 | A | B

Classified totals  
(A + B) 334.53 | C

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

Total value of all political contributions from all sources  
(C + D) 334.53 | E

Total contributions of money | F

Total contributions of goods, services and discounts  
(includes contributions through loans and debts) 334.53 | G  
(boxes F + G must equal box E)

Number of contributors who made contributions  
of \$250 or less in total value 0 | H

Total dollar amount of all income tax receipts issued for political contributions received  
(Leadership Contestants cannot issue tax receipts) \$ 0.00 | I



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

S-A1 (08/01)

If form is for Nomination Contestant, please tick

NAME OF FILING ENTITY  
 Michael Cecil Farnworth

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FULL NAME OF CONTRIBUTOR <small>(if a numbered corporation or an unincorporated organization, include full names of two directors)</small>	CLASS OF CONTRIBUTOR* <small>(X APPROPRIATE CLASS)</small>						INDIVIDUAL CONTRIBUTION AMOUNTS	DATE OF EACH INDIVIDUAL CONTRIBUTION <small>(YYYY/MM/DD)</small>	TOTAL OF CONTRIBUTOR'S CONTRIBUTIONS
	1	2	3	4	5	6			
Joy Orr	X						\$334.53	2014/05/01	\$334.53
<b>TOTAL OF INDIVIDUAL CONTRIBUTIONS</b>							A	\$334.53	

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

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# PROHIBITED CONTRIBUTIONS

S-Ax (99/06)

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NAME OF FILING ENTITY  
**MICHAEL CELL FARNWORTH**

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

TOTAL **A** *[Handwritten Signature]*

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# PERSONAL EXPENSES PAID BY FINANCIAL AGENT

Sm-PE1 (99/05)

(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 MICHAEL CECIL FARNWORTH

### 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 (99/05)

(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

MICHAEL CECIL FARNWORTH

## 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

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



# SUMMARY OF LEADERSHIP CONTESTANT FUNDRAISING FUNCTIONS

(Total amounts from all forms S-F)

CONTESTANT'S NAME

MICHAEL CECIL FARNWORTH

Number of fundraising functions held

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

 A

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

 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 forms)

 D

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

 E

(boxes D + E must equal box A)

Total net losses of fundraising functions which incurred net losses

 F



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# LOANS AND GUARANTEES

S-L1 (08/09)

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NAME OF FILING ENTITY  
Michael Cecil Farnworth

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DATE RECEIVED (YYYY/MM/DD)	FULL NAMES OF LENDER AND/OR GUARANTOR	CLASS* (X)						CONDITIONS (if applicable)	DUE DATE (YYYY/MM/DD)	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) \$			
2014/05/22	Michael Cecil Farnworth	X						none	6120.72	6120.72	prim	prim						0.00	
									TOTAL	D	6120.72	E	6120.72			TOTAL	F	0.00	

\* CLASS OF CONTRIBUTOR:  
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 (99/06)

NAME OF FILING ENTITY  
MICHAEL CECIL FARWORTH

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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			

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

TOTALS      A [Signature]      B [Signature]

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# TRANSFERS RECEIVED

S-T-Rcv (99/06)

NAME OF FILING ENTITY  
MICHAEL CECIL FARNWORTH

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DATE OF TRANSFER	NAME OF ENTITY TRANSFERRING MONEY, GOODS OR SERVICES	VALUE OF TRANSFER

TOTAL A *[Signature]*

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# TRANSFERS GIVEN

S-T-Giv (99/06)

NAME OF FILING ENTITY

MICHAEL CECIL FARWORTH

PAGE  /   
OF  /

DATE OF TRANSFER	NAME OF ENTITY RECEIVING MONEY, GOODS OR SERVICES	VALUE OF TRANSFER
TOTAL		A 