



## ANNUAL FINANCIAL REPORT

### POLITICAL PARTY

F-P(A) (99/11)

PLEASE PRINT IN BLOCK LETTERS OR TYPE

For Period 2004/01/01 to 2004/12/31  
YYYYMMDD                          YYYYMMDD

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

REGISTERED POLITICAL PARTY  
**YOUR POLITICAL PARTY OF BC**

FINANCIAL AGENT'S SURNAME <b>FILIPPELLI</b>	FIRST NAME <b>JAMES</b>	INITIAL(S) <b>J</b>
--	----------------------------	------------------------

FINANCIAL AGENT'S MAILING ADDRESS  
**194 TURTLEHEAD RD**

CITY/TOWN <b>BELCARRA</b>	POSTAL CODE <b>V3H 4P1</b>	PHONE NUMBER <b>(604) 805-3547</b>	FAX NUMBER ( )
------------------------------	-------------------------------	---------------------------------------	-------------------

EMAIL ADDRESS  
**admin@yourpoliticalpartyofbc.com**

This financial report includes the following forms:

	FORMS CHECKLIST	CHIEF ELECTORAL OFFICE USE ONLY
Statement of Assets and Liabilities - <b>Form St-A&amp;L</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Statement of Income and Expenses - <b>Form St-I&amp;E</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Summary of Political Contributions by Class - <b>Form Sm-C</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Political Contributions of Money/Property/Services over \$250 - <b>Form S-A1</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Permitted Anonymous Contributions Accepted at Functions - <b>Form S-A2</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Combined Contributions to Political Party, Constituency Association, etc. - <b>Form S-A1-A</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Prohibited Contributions - <b>Form S-Ax</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Summary of Fundraising Functions - <b>Form Sm-F</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fundraising Function - <b>Form S-F</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Loans and Guarantees Received - <b>Form S-L1</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Loans/Debts Forgiven/Written Off - <b>Form S-L2</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transfers Received - <b>Form S-T-Rcv</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transfers Given - <b>Form S-T-Giv</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

I, the Financial Agent, declare that:

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

(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)  
**2005/03/22**

**WARNING:** Signing a false statement is a serious offence and is subject to significant penalties [Section 286].



**ELECTIONS BC**  
A not-for-profit Office of the Legislature

# STATEMENT OF ASSETS AND LIABILITIES

St-A&L (99/05)

AS OF DATE (YYYY/MM/DD)  
**2004/12/31**

NAME OF FILING ENTITY  
**YOUR POLITICAL PARTY OF BC**

**Current Assets**

Cash on hand

Cash on deposit

Accounts receivable

Bonds, stocks, other investments

Inventory

Other (describe)

**Total Current Assets**

**Fixed Assets**

Investments

Furniture and fixtures

(less accumulated amortization)

Office equipment

(less accumulated amortization)

Land and buildings

(less accumulated amortization)

Other (describe)

(less accumulated amortization)

**Total Fixed Assets**

**Total Assets**

A

**Current Liabilities**

Accounts payable

Wages, salaries payable

Loans payable

Other (describe)

**Total Current Liabilities**

**Long-term Liabilities**

Loans payable

Other (describe)

**Total Long-term Liabilities**

**Total Liabilities**

B

**Accumulated Surplus (Deficit) (A - B)**

C



# STATEMENT OF INCOME AND EXPENSES

SI-1&E (02/01)

**ELECTIONS BC**  
A non-partisan Office of the Legislature

NAME OF FILING ENTITY  
**YOUR POLITICAL PARTY OF BC**

Income:	Total political contributions (box E, form Sm-C)	\$ 775.00
	Gross fundraising income not reported as political contributions (box E, form Sm-F)	
	Total transfers received (box A, form S-T-Rev)	
	Interest income	
	Product sales	
	Advertising income	
	Rental income	

Other income (describe):

**Total Income** \$ 775.00 **A**

Expenses:	Accounting and audit services	
	Amortization expense	
	Bad debt expense	
	Bank charges	
	Brochures (pamphlets, flyers, etc.)	\$ 45.00
	Contributions to other organizations	
	Convention, workshop and meeting fees and rentals	
	Data processing	
	Furniture and equipment	
	Gifts	
	Insurance	
	Interest expense	
	Media advertising	
	Newsletters	\$ 30.00
	Office rental	
	Office supplies, stationery	\$ 77.00
	Postage & courier	\$ 55.00
	Printing	\$ 26.00
Professional services		
Research & polling		
Salaries & benefits		
Signs (lawn signs, billboards, etc.)		
Social functions		
Subscriptions & dues		
Telecommunications	\$ 234.00	
Travel	\$ 10.00	
Utilities & maintenance		
Victory/thank-you parties		
Total cost of fundraising functions (box B, form Sm-F)		
Total transfers given (box A, form S-T-Giv)		

Other expenses (describe):  
**PROMOTIONAL ITEMS: BUTTONS/TSHIRTS** \$ 15.00

**Total Expenses** \$ 542.00 **B**

**Period Surplus (Deficit) (A - B)** \$ 233.00 **C**



# SUMMARY OF POLITICAL CONTRIBUTIONS BY CLASS

Sm-C (99/05)

**ELECTIONS**  
A non-partisan Office of the Legislature

If form is for Nomination Contestant, please tick

NAME OF FILING ENTITY  
**YOUR POLITICAL PARTY OF BC**

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

	Contributions greater than \$250		Contributions of \$250 or less	
Individuals	\$600.00	1a	\$175.00	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)	\$600.00	A	\$175.00	B
---	----------	---	----------	---

Classified totals (A + B)	\$775.00	C
---------------------------	----------	---

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

Total value of all political contributions from all sources (C + D)	\$775.00	E
---	----------	---

Total contributions of money	\$775.00	F
------------------------------	----------	---

Total contributions of goods, services and discounts (includes contributions through loans and debts)	0	G
---	---	---

(boxes F + G must equal box E)

Number of contributors who made contributions of less than \$250 in total value	5	H
---	---	---

Total amount of all income tax receipts issued for political contributions received (Leadership Contestants cannot issue tax receipts)	\$775.00	I
--	----------	---



**ELECTIONS BC**  
A non-partisan Office of the Legislature

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

S-A1 (99/06)

If form is for Nomination Contestant, please tick

NAME OF FILING ENTITY YOUR POLITICAL PARTY OF BC

PAGE 1  
OF 1

FULL NAME OF CONTRIBUTOR <small>(If a numbered corporation or an unincorporated organization, include full names of two directors)</small>	CLASS OF CONTRIBUTOR* <small>[✓ APPROPRIATE CLASS]</small>						INDIVIDUAL CONTRIBUTION AMOUNTS	DATE OF EACH INDIVIDUAL CONTRIBUTION	TOTAL OF CONTRIBUTOR'S CONTRIBUTIONS
	1	2	3	4	5	6			
JAMES FILIPPELLI	✓						\$ 200.00, \$ 200.00 \$ 200.00	JUNE 7 <sup>th</sup> /2004, DEC. 24 <sup>th</sup> /2004 DEC. 26 <sup>th</sup> /2004	\$ 600.00

\* 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 \$ 600.00

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**



If form is for Nomination Contestant, please tick

NAME OF FILING ENTITY YOUR POLITICAL PARTY OF BC PAGE   
OF

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

TOTAL **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.



**ELECTIONS**  
A non-partisan Office of the Legislature

# COMBINED CONTRIBUTIONS TO POLITICAL PARTY, CONSTITUENCY ASSOCIATIONS AND CANDIDATES WITH A TOTAL VALUE GREATER THAN \$250

S-A1-A (89/06)

NAME OF FILING ENTITY YOUR POLITICAL PARTY OF BC

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* <small>(IF APPROPRIATE CLASS)</small>						INDIVIDUAL CONTRIBUTION AMOUNTS	DATE OF EACH INDIVIDUAL CONTRIBUTION	TOTAL OF CONTRIBUTOR'S CONTRIBUTIONS
	1	2	3	4	5	6			
<i>(The table content is heavily scribbled out with a large diagonal line and illegible handwriting.)</i>									
						<b>A</b>			

\* 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

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

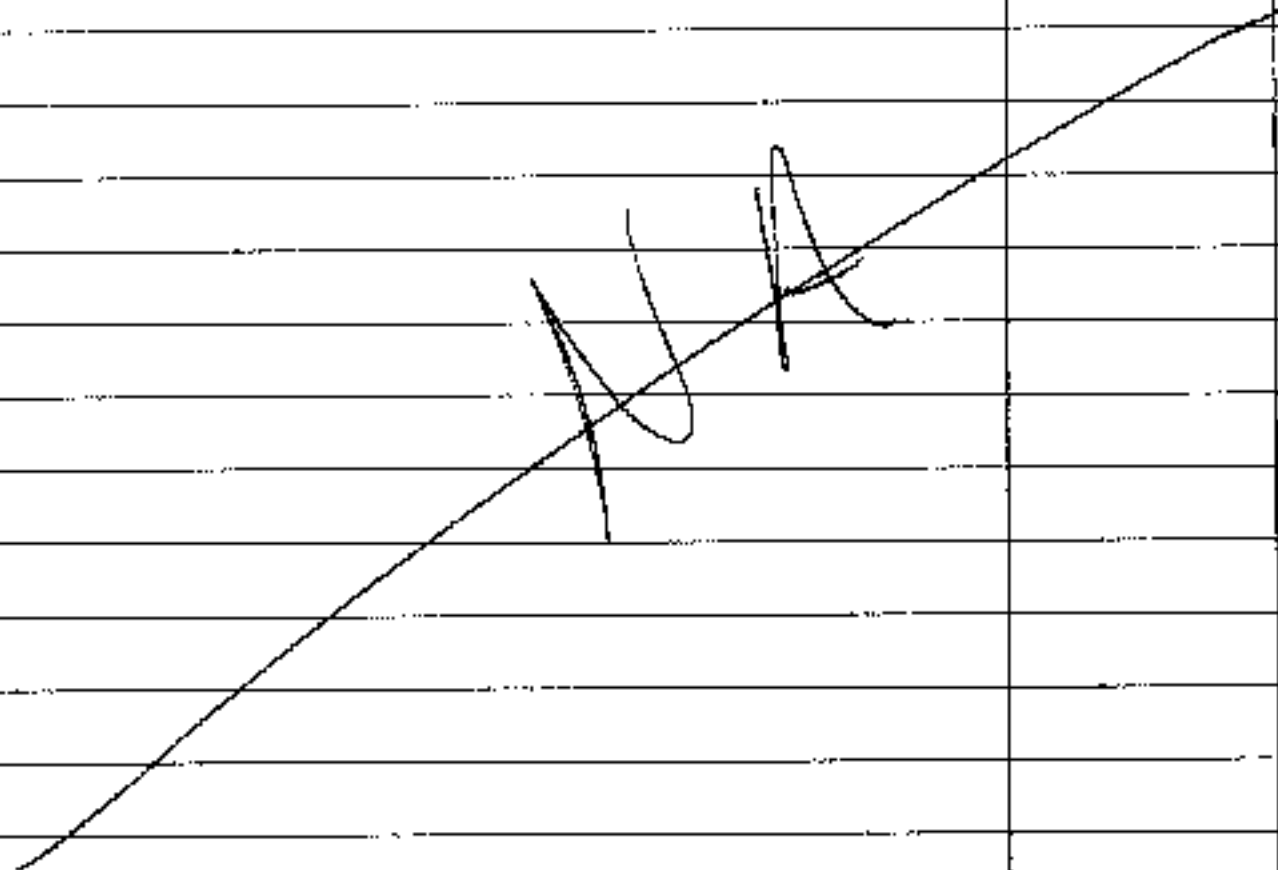


# PROHIBITED CONTRIBUTIONS

NAME OF FILING ENTITY

YOUR POLITICAL PARTY OF BC

PAGE   
OF

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





**ELECTIONS BC**  
A non-partisan Office of the Legislature

# 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 YOUR POLITICAL PARTY OF BC

Number of fundraising functions held

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

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

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

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

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



# FUNDRAISING FUNCTION

S-F (99/06)

(Submit a separate form for each function held)

**ELECTIONS**  
A non-partisan Office of the Legislature

If form is for Nomination Contestant, please tick

PAGE

OF

NAME OF FUND ENTITY	YOUR POLITICAL PARTY OF BC		
DATE OF EVENT (YYYY/MM/DD)	DESCRIPTION OF FUNDRAISING EVENT (IF A JOINT EVENT, IDENTIFY OTHER ENTITY)		

### Gross income reported as political 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"/>	<input type="checkbox"/>
Purchases by individuals of more than \$250 worth of tickets	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Purchases by individuals of tickets that are more than \$50 each	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

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

<input type="text"/>	<input type="text"/>	D
<input type="text"/>	<input type="text"/>	E

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

### Gross income not reported as political 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"/>	<input type="checkbox"/>

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

<input type="text"/>	<input type="text"/>	H
<input type="text"/>	<input type="text"/>	I

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

Total gross income (box F + J)  K

Total cost of function  L

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



**ELECTIONS BC**  
A non-partisan Office of the Legislature

# LOANS AND GUARANTEES RECEIVED

S-L1 (99/06)

NAME OF FILING ENTITY: **YOUR POLITICAL PARTY OF BC**

PAGE:   
OF:

DATE RECEIVED	FULL NAMES OF LENDER AND GUARANTOR	CLASS <sup>*</sup>						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) \$			
<i>[Handwritten scribble across the table]</i>																		
<b>TOTAL</b>								<b>D</b>	<b>E</b>	<b>TOTAL</b>								<b>F</b>

\* CLASS:  
1 - INDIVIDUAL, 2 - CORPORATION, 3 - UNINCORPORATED BUSINESS/COMMERCIAL ORGANIZATION,  
4 - TRADE UNION, 5 - NOT-FOR-PROFIT ORGANIZATION, 6 - OTHER

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.



**ELECTIONS**  
A non-partisan Office of the Legislature

**LOANS AND DEBTS  
FORGIVEN OR WRITTEN OFF**

S-L2 (99/06)

NAME OF FILING ENTITY: **YOUR POLITICAL PARTY OF BC**

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				
<i>[Handwritten scribble across the table]</i>											
<b>TOTALS</b>										<b>A</b>	<b>B</b>

\* 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

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





**ELECTIONS**  
A 7th Canadian Office of the Legislature

# TRANSFERS GIVEN

S-T-Giv (99/06)

NAME OF FILING ENTITY YOUR POLITICAL PARTY OF BC

PAGE   
OF

DATE OF TRANSFER	NAME OF ENTITY RECEIVING MONEY, GOODS OR SERVICES	VALUE OF TRANSFER
<b>TOTAL</b>		<b>A</b>

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.