



ELECTIONS LEGISLATURE
A non-partisan Office of the Legislature

ANNUAL FINANCIAL REPORT POLITICAL PARTY

F-P(A) (99/11)

PLEASE PRINT IN BLOCK LETTERS OR TYPE

For Period 2007 01 01 to 2007 12 31
YYYYMMDD YYYYMMDD

Amendment # _____

REGISTERED POLITICAL PARTY PEOPLES FRONT			
FINANCIAL AGENT'S SURNAME SPROULE		FIRST NAME BRIAN	
FINANCIAL AGENT'S MAILING ADDRESS 18-3370 DEWDNEY TRUNK ROAD			
CITY/TOWN PORT MOODY		POSTAL CODE V3H 2E3	PHONE NUMBER (604) 949-0777
EMAIL ADDRESS sproule_brian@hotmail.com		FAX NUMBER ()	

This financial report includes the following forms:

	FORMS CHECKLIST	CHIEF ELECTORAL OFFICE USE ONLY
Statement of Assets and Liabilities -	Form St-A&L <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Statement of Income and Expenses -	Form St-I&E <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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Permitted Anonymous Contributions Accepted at Functions -	Form S-A2 <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Combined Contributions to Political Party, Constituency Association, etc. -	Form S-A1-A <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Prohibited Contributions -	Form S-Ax <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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Loans and Guarantees Received -	Form S-L1 <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Loans/Debts Forgiven/Written Off -	Form S-L2 <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Transfers Received -	Form S-T-Rcv <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Transfers Given -	Form S-T-Giv <input checked="" type="checkbox"/>	<input checked="" 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

Brian K. Sproule

DATE (YYYYMMDD)

2007/01/23

WARNING: Signing a false statement is a serious offence and is subject to significant penalties [Section 266].

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



STATEMENT OF ASSETS AND LIABILITIES

St-A&L (99/05)

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AS OF DATE (YYYY / MM / DD)
2007 12 31

NAME OF FILING ENTITY
PEOPLE'S FRONT

Current Assets

Cash on hand	<input type="text"/>
Cash on deposit	<input type="text"/>
Accounts receivable	<input type="text"/>
Bonds, stocks, other investments	<input type="text"/>
Inventory	<input type="text"/>
Other (describe)	<input type="text"/>

Total Current Assets

Fixed Assets

Investments	<input type="text"/>
Furniture and fixtures (less accumulated amortization)	<input type="text"/>
Office equipment (less accumulated amortization)	<input type="text"/>
Land and buildings (less accumulated amortization)	<input type="text"/>
Other (describe) (less accumulated amortization)	<input type="text"/>

Total Fixed Assets

Total Assets **A**

Current Liabilities

Accounts payable	<input type="text"/>
Wages, salaries payable	<input type="text"/>
Loans payable	<input type="text"/>
Other (describe)	<input type="text"/>

Total Current Liabilities

Long-term Liabilities

Loans payable	<input type="text"/>
Other (describe)	<input type="text"/>

Total Long-term Liabilities

Total Liabilities **B**

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



STATEMENT OF INCOME AND EXPENSES

St-I&E (02/01)

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NAME OF FILING ENTITY
PEOPLES FRONT

Income:

Total political contributions (box E, form Sm-C)	<input type="text"/>
Gross fundraising income not reported as political contributions (box E, form Sm-F)	<input type="text"/>
Total transfers received (box A, form S-T-Rev)	<input type="text"/>
Interest income	<input type="text"/>
Product sales	<input type="text"/>
Advertising income	<input type="text"/>
Rental income	<input type="text"/>
Other income (describe)	<input type="text"/>

Total Income **A**

Expenses:

Accounting and audit services	<input type="text"/>
Amortization expense	<input type="text"/>
Bad debt expense	<input type="text"/>
Bank charges	<input type="text"/>
Brochures (pamphlets, flyers, etc.)	<input type="text"/>
Contributions to other organizations	<input type="text"/>
Convention, workshop and meeting fees and rentals	<input type="text"/>
Data processing	<input type="text"/>
Furniture and equipment	<input type="text"/>
Gifts	<input type="text"/>
Insurance	<input type="text"/>
Interest expense	<input type="text"/>
Media advertising	<input type="text"/>
Newsletters	<input type="text"/>
Office rental	<input type="text"/>
Office supplies, stationery	<input type="text"/>
Postage & courier	<input type="text"/>
Printing	<input type="text"/>
Professional services	<input type="text"/>
Research & polling	<input type="text"/>
Salaries & benefits	<input type="text"/>
Signs (awn signs, billboards, etc.)	<input type="text"/>
Social functions	<input type="text"/>
Subscriptions & dues	<input type="text"/>
Telecommunications	<input type="text"/>
Travel	<input type="text"/>
Utilities & maintenance	<input type="text"/>
Victory/thank-you parties	<input type="text"/>
Total cost of fundraising functions (box B, form Sm-F)	<input type="text"/>
Total transfers given (box A, form S-T-Giv)	<input type="text"/>
Other expenses (describe)	<input type="text"/>

Total Expenses **B**

Period Surplus (Deficit) (A - B) **C**



SUMMARY OF POLITICAL CONTRIBUTIONS BY CLASS

Sm-C (06/11)

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If form is for Nomination Contestant, please tick

NAME OF FILING ENTITY:
PEOPLES FRONT

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, S-A1)	<input type="checkbox"/> A	<input type="checkbox"/> B
Classified totals (A + B)	<input type="checkbox"/> C	
Total anonymous contributions (from box A, S-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 \$250 or less in total value H

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



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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
PEOPLES FRONT

PAGE 1
OF 1

FULL NAME OF CONTRIBUTOR (if a numbered corporation or an unincorporated organization, include full names of two directors)	CLASS OF CONTRIBUTOR* (✓ APPROPRIATE CLASS)						INDIVIDUAL CONTRIBUTION AMOUNTS	DATE OF EACH INDIVIDUAL CONTRIBUTION	TOTAL OF CONTRIBUTOR'S CONTRIBUTIONS
	1	2	3	4	5	6			
						TOTAL OF INDIVIDUAL CONTRIBUTIONS	A		

* 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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**PERMITTED ANONYMOUS CONTRIBUTIONS
ACCEPTED AT FUNCTIONS**

S-A2 (99/08)

If form is for Nomination Contestant, please tick

NAME OF FILING ENTITY: People's Front

PAGE
OF

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

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**PERMITTED ANONYMOUS CONTRIBUTIONS
ACCEPTED AT FUNCTIONS**

S-A2 (99/06)

If form is for Nomination Contestant, please tick

NAME OF FILING ENTITY

PAGE

OF

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

SEE AMENDMENT

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ELECTIONS REG. 2
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COMBINED CONTRIBUTIONS TO POLITICAL PARTY, CONSTITUENCY ASSOCIATIONS AND CANDIDATES WITH A TOTAL VALUE GREATER THAN \$250

S-A1-A (99/06)

NAME OF FILING ENTITY:
PEOPLE'S FRONT

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			
<div style="position: relative; height: 600px;"> </div>									
TOTAL OF INDIVIDUAL CONTRIBUTIONS						A			

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

PROHIBITED CONTRIBUTIONS



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NAME OF FILING ENTITY
PEOPLE'S FRONT

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

TOTAL **A**



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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

PEOPLE'S FRONT

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)

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If form is for Nomination Contestant, please tick

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NAME OF FILING ENTITY PEOPLES FRONT	
DATE OF EVENT (YYYYMMDD)	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			A	<input type="checkbox"/>
Purchases by individuals of more than \$250 worth of tickets			B	<input type="checkbox"/>
Purchases by individuals of tickets that are more than \$50 each			C	<input type="checkbox"/>
Other gross income reported as contributions, including anonymous contributions (provide full details)				
			D	<input type="checkbox"/>
			E	<input type="checkbox"/>
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			G	<input type="checkbox"/>
Other gross income not reported as contributions (provide full details)				
			H	<input type="checkbox"/>
			I	<input type="checkbox"/>
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



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LOANS AND GUARANTEES RECEIVED

S-L1 (99/06)

NAME OF FILING ENTITY: **PEOPLES FRONT**

PAGE: **1**
 OF: **1**

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		F	
		1	2	3	4	5	6						AMOUNT OF INTEREST PAYABLE AT PRIME RATE \$	AMOUNT OF INTEREST BEING CHARGED \$	BENEFIT CONTRIBUTION (A-B) \$			
TOTAL									D	E	TOTAL				F			

* 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 (99/06)

NAME OF FILING ENTITY:

PEOPLES FRONT

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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				
TOTALS								A	<input checked="" type="checkbox"/>	B	<input checked="" type="checkbox"/>

* 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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TRANSFERS GIVEN

S-T-Giv (99/06)

NAME OF FILING ENTITY :
PEOPLES FRONT

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

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