

**ELECTIONS**

A non-partisan Office of the Legislature

**ANNUAL FINANCIAL REPORT
CONSTITUENCY ASSOCIATION****F-CA(A)**
(15/09)For Period 2015/Jan/01 to 2015/Dec/31
YYYY/MM/DD YYYY/MM/DD

Amendment # _____

REGISTERED CONSTITUENCY ASSOCIATION <u>Chilliwack</u>			
REGISTERED POLITICAL PARTY / INDEPENDENT MLA <u>B.C. N.D.P.</u>			
FINANCIAL AGENT'S LAST NAME <u>Ratchliffe</u>	FIRST NAME <u>Albert (AI)</u>	MIDDLE NAME(S) <u>Stephen</u>	
FINANCIAL AGENT'S MAILING ADDRESS <u>46372 Maple Ave. Chilliwack</u>			
CITY / TOWN <u>Chilliwack</u>	POSTAL CODE <u>V2P 1A56</u>	PHONE NO. <u>604-792-2204</u>	FAX NO. <u>Same.</u>
EMAIL <u>bigal2012@shaw.ca</u>			

This financial report includes the following forms:

		FORMS CHECKLIST
		X
Statement of Assets and Liabilities –	Form St-A&L	<input checked="" type="checkbox"/>
Statement of Income and Expenses –	Form St-I&E	<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"/>
Summary of Fundraising Functions –	Form Sm-F	<input checked="" type="checkbox"/>
Fundraising Function –	Form S-F	<input checked="" type="checkbox"/>
Loans and 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 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 report is complete and accurate.

SIGNATURE OF FINANCIAL AGENT <u>DS Ratchliffe</u>	DATE (YYYY / MM / DD) <u>2016 / 03 / 10</u>
--	--

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

All forms included in this report are available for public inspection.
 PLEASE KEEP A COPY FOR YOUR RECORDS

This information is collected under the authority of the *Election Act* and the *Freedom of Information and Protection of Privacy Act*.
 The information will be used to administer provisions under the *Election Act*. Questions can be directed to: Privacy Officer,
 Elections BC 1-800-661-8683, privacy@elections.bc.ca or PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6



ELECTIONS

A non-partisan Office of the Legislature

STATEMENT OF ASSETS AND LIABILITIES

St-A&L
(15/06)

AS OF DATE (YYYY / MM / DD)

2016 / 03 / 10

NAME OF FILING ENTITY

Chilliwack NDP C.A.

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

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

Accumulated Surplus (Deficit) (A - B)

STATEMENT OF INCOME AND EXPENSES

St-I&E
(15/06)

NAME OF FILING ENTITY

Chilliwack NDP C.A.

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-Rcv)
Interest / investment income
Product sales
Advertising income
Rental income

Other income (describe)

Total Income

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

B

Period Surplus (Deficit) (A - B)

C



ELECTIONS
A non-partisan Office of the Legislature

SUMMARY OF POLITICAL CONTRIBUTIONS BY CLASS

Sm-C
(15/07)

If form is for Nomination Contestant, please tick ☐

NAME OF FILING ENTITY

Chilliwack NDP C.A.

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

	Contributions greater than \$250	Contributions of \$250 or less
Individuals	<input type="text"/> 1a	<input type="text"/> 1b
Corporations	<input type="text"/> 2a	<input type="text"/> 2b
Unincorporated Business / Commercial Organizations	<input type="text"/> 3a	<input type="text"/> 3b
Trade Unions	<input type="text"/> 4a	<input type="text"/> 4b
Non-profit Organizations	<input type="text"/> 5a	<input type="text"/> 5b
Other Identifiable Contributions	<input type="text"/> 6a	<input type="text"/> 6b
Classified subtotals (1a to 6a & 1b to 6b) (box A = box A, S-A1)	<input type="text"/> A	<input type="text"/> B
Classified totals (A + B)	<input type="text"/> C	
Total anonymous contributions (from box A, S-A2)	<input type="text"/> D	
Total value of all political contributions from all sources (C + D)	<input type="text"/> 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
(Leadership Contestants cannot issue tax receipts) \$ I

This form is available for public inspection.

PLEASE KEEP A COPY FOR YOUR RECORDS

This information is collected under the authority of the *Election Act* and the *Freedom of Information and Protection of Privacy Act*.
The information will be used to administer provisions under the *Election Act*. Questions can be directed to: Privacy Officer,
Elections BC 1-800-661-8683 privacy@elections.bc.ca or PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6



S-A1
(15/06)

NAME OF FILING ENTITY

Chillwack NDP C.A.

PAGE

OF

FULL NAME OF CONTRIBUTOR (If a numbered corporation or an unincorporated organization, include full names of two directors)	CLASS OF CONTRIBUTOR* (X APPROPRIATE CLASS)						INDIVIDUAL CONTRIBUTION AMOUNTS	DATE OF EACH INDIVIDUAL CONTRIBUTION (YYYY/MM/DD)	TOTAL OF CONTRIBUTOR'S CONTRIBUTIONS
	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							TOTAL OF INDIVIDUAL CONTRIBUTIONS	A	

This form is available for public inspection.
PLEASE KEEP A COPY FOR YOUR RECORDS.

This information is collected under the authority of the *Election Act* and the *Freedom of Information and Protection of Privacy Act*.
The information will be used to administer provisions under the *Election Act*. Questions can be directed to: **Privacy Officer,**
Elections BC 1-800-661-8683 privacy@elections.bc.ca or PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6

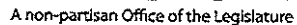
PERMITTED ANONYMOUS CONTRIBUTIONS ACCEPTED AT FUNCTIONS

S-A2
(15/06)

If form is for Nomination Contestant, please tick ☐

NAME OF FILING ENTITY	Chilliwack NDP e.A.	PAGE
		OF

DATE OF FUNCTION (YYYY/MM/DD)	DESCRIPTION OF FUNCTION	NUMBER OF PEOPLE ATTENDING	TOTAL AMOUNT OF ANONYMOUS CONTRIBUTIONS
TOTAL			A



PROHIBITED CONTRIBUTIONS

S-Ax
(15/09)

NAME OF FILING ENTITY

Chilliwack MDP C.A.

PAGE

OF

[illegible]

**This form is available for public inspection.
PLEASE KEEP A COPY FOR YOUR RECORDS.**

This information is collected under the authority of the *Election Act* and the *Freedom of Information and Protection of Privacy Act*.
The information will be used to administer provisions under the *Election Act*. Questions can be directed to: **Privacy Officer,**
Elections BC 1-800-661-8683, privacy@elections.bc.ca or PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6

**SUMMARY OF
FUNDRAISING FUNCTIONS**
(Total amounts from all forms S-F)

Sm-F
(15/07)

If form is for Nomination Contestant, please tick ☐

NAME OF FILING ENTITY

Chilliwack NDP C.A.

Number of fundraising functions held

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

 A

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

 B

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

 C

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

 D

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

 E

(boxes D + E must equal box A)

For election financing reports only (see Instructions in the Election Financing Report Completion Guide before completing this section)

Total cost of fundraising functions held during the
campaign period

 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

**ELECTIONS**

A non-partisan Office of the Legislature

FUNDRAISING FUNCTION

(Submit a separate form for each function held)

S-F
(15/07)If form is for Nomination Contestant, please tick ☐PAGE
OF

NAME OF FILING ENTITY

Chilliwack NDP C.A.

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				A
Purchases by individuals of more than \$250 worth of tickets				B
Purchases by individuals of tickets that are more than \$50 each				C

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

	D
	E
	F

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

G

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				H

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

	I
	J
	K

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

L

Total gross income (G + L)

M

Total cost of function

N

Net income (loss) (box M - N)

O

This form is available for public inspection.

PLEASE KEEP A COPY FOR YOUR RECORDS

This information is collected under the authority of the *Election Act* and the *Freedom of Information and Protection of Privacy Act*.
The information will be used to administer provisions under the *Election Act*. Questions can be directed to: Privacy Officer,
Elections BC 1-800-661-8683 privacy@elections.bc.ca or PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6



ELECTIONS

A non-partisan Office of the Legislature

LOANS AND GUARANTEES

S-L1
(15/06)

NAME OF FILING ENTITY

Chilliwack NDP C.A.

PAGE

OF

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) \$
2015/12/3	Union Variety Credit Guarantor (see below)							on demand		15,000.00	7,038.92	6	3		420.00	
	AI EMS	X														
	Richard Harrington	X														
	Marie Craig	X														
TOTAL										D	15,000.00	E	7,038.92	TOTAL F		

* CLASS OF CONTRIBUTOR:

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

This form is available for public inspection.

PLEASE KEEP A COPY FOR YOUR RECORDS.

This information is collected under the authority of the *Election Act* and the *Freedom of Information and Protection of Privacy Act*.
The information will be used to administer provisions under the *Election Act*. Questions can be directed to: **Privacy Officer**,
Elections BC 1-800-661-8683 privacy@elections.bc.ca or PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6

LOANS AND DEBTS FORGIVEN OR WRITTEN OFF

S-L2
(15/09)

NAME OF FILING ENTITY

Chilliwack NDP C.A

PAGE

OF

DATE FORGIVEN/ WRITTEN OFF (YYYY/MM/DD)	FULL NAME OF LENDER / CREDITOR	CLASS OF CONTRIBUTOR* (X APPROPRIATE CLASS)						CONDITIONS (if applicable)	ORIGINAL AMOUNT OF LOAN/DEBT \$	AMOUNT OF LOAN/DEBT FORGIVEN/WRITTEN OFF \$
		1	2	3	4	5	6			
TOTALS									A	B

* CLASS OF CONTRIBUTOR:

1 – INDIVIDUAL, 2 – CORPORATION, 3 – UNINCORPORATED BUSINESS/COMMERCIAL ORGANIZATION,
4 – TRADE UNION, 5 – NON-PROFIT ORGANIZATION, 6 – OTHER

This form is available for public inspection.
PLEASE KEEP A COPY FOR YOUR RECORDS.

This information is collected under the authority of the *Election Act* and the *Freedom of Information and Protection of Privacy Act*.
The information will be used to administer provisions under the *Election Act*. Questions can be directed to: **Privacy Officer**,
Elections BC 1-800-661-8683, privacy@elections.bc.ca or PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6



S-T-Rcv
(15/06)

Chilli wack. NDP C.A

OF 1

This form is available for public inspection.
PLEASE KEEP A COPY FOR YOUR RECORDS.

This information is collected under the authority of the *Election Act* and the *Freedom of Information and Protection of Privacy Act*.
The information will be used to administer provisions under the *Election Act*. Questions can be directed to: **Privacy Officer,**
Elections BC 1-800-661-6683 privacy@elections.bc.ca or PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6

TRANSFERS GIVEN

S-T-Giv
(15/06)

NAME OF FILING ENTITY

chilliwack MDP C.A.

PAGE

OF

DATE OF TRANSFER (YYYY/MM/DD)	NAME OF ENTITY RECEIVING MONEY, GOODS OR SERVICES	VALUE OF TRANSFER
TOTAL		A