



ELECTION FINANCING REPORT CANDIDATE

F-C
(15/09)

ELECTIONS BC
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Amendment # _____

CANDIDATE'S LAST NAME CROCOCK		FIRST NAME JOHN		MIDDLE NAME(S) PETER
ELECTORAL DISTRICT RICHMOND NORTH CENTRE		POLITICAL PARTY/AFFILIATION BRITISH COLUMBIA ACTION PARTY		GENERAL VOTING DAY (YYYY / MM / DD) 2017/05/09
FINANCIAL AGENT'S LAST NAME CROCOCK		FIRST NAME JOHN		MIDDLE NAME(S) PETER
FINANCIAL AGENT'S MAILING ADDRESS #2205 13700 MAYFIELD PLACE				CITY / TOWN RICHMOND
POSTAL CODE V6V1E4	PHONE NUMBER 604-244-9645	FAX NUMBER 604-271-8847	EMAIL ADDRESS jcrocock@compuvision.ca	

This financing report includes the following forms:

All Candidates:

FORMS
CHECKLIST

- | | | |
|----------------------------------------------------------------------|---------------|-------------------------------------|
| | | X |
| Statement of Election Income and Expenses -- | Form St-I&E-E | <input checked="" type="checkbox"/> |
| Summary of Expenses -- | Form Sm-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"/> |
| Personal Expenses Paid by Financial Agent -- | Form Sm-PE1 | <input checked="" type="checkbox"/> |
| Personal Expenses Paid by Candidate -- | Form Sm-PE2 | <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"/> |

Candidates Who Were Nomination Contestants:

- | | | |
|----------------------------------------------------------------------|--------------|-------------------------------------|
| Nomination Contestant Expenses -- | Form Sm-E-NC | <input checked="" type="checkbox"/> |
| Summary of Political Contributions by Class -- | Form Sm-C | <input type="checkbox"/> |
| Political Contributions of Money / Property / Services over \$250 -- | Form S-A1 | <input type="checkbox"/> |
| Permitted Anonymous Contributions Accepted at Functions -- | Form S-A2 | <input type="checkbox"/> |
| Personal Expenses Paid by Financial Agent -- | Form Sm-PE1 | <input type="checkbox"/> |
| Personal Expenses Paid by Contestant -- | Form Sm-PE2 | <input type="checkbox"/> |
| Summary of Fundraising Functions -- | Form Sm-F | <input type="checkbox"/> |
| Fundraising Function -- | Form S-F | <input type="checkbox"/> |

I, the Financial Agent, declare that:

- (a) I am authorized to act on behalf of the above-named candidate;
- (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) 2017/06/15
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WARNING: Signing a false statement is a serious offence and is subject to significant penalties.



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STATEMENT OF ELECTION INCOME AND EXPENSES

St-I&E-E
(15/07)

GENERAL VOTING DAY (YYYY / MM / DD)
2017/05/09

NAME OF FILING ENTITY
CROCOCK JOHN PETER

Total value of political contributions from all sources (from box E on form Sm-C)

Total transfers received (from box A on form S-T-Rcv)

Interest income

Total gross fundraising function income not reported as political contributions
(from box E on form Sm-F)

Candidate's nomination deposit refund

Other income (describe)

Total Income (sum of above boxes) **A**

Total value of election expenses subject to limits (from box A on form Sm-E)

Total value of election expenses not subject to limits (from box B on form Sm-E)

Total value of other expenses (from box C on form Sm-E)

Total transfers given (from box A on form S-T-Giv)

Total Expenditures (sum of above boxes) **B**

For Candidates Only

Balance in campaign account as of date of report **C**



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SUMMARY OF EXPENSES

Sm-E
(15/08)

NAME OF FILING ENTITY
CROCOCK JOHN PETER

Election Expenses	Election Expenses Subject to Limits	Election Expenses Not Subject to Limits	Other Expenses
Accounting and audit services			
Bank charges			
Candidate's nomination deposit		250.00	
Convention, workshop and meeting fees and rentals			
Data processing / information technology			
Donations and gifts			
Excess nomination expenses (from box D, form Sm-E-NC)	0.00		
Furniture and equipment			
Insurance			
Interest expense			
Media advertising			
Newsletters and promotional material (signs, brochures, etc.)			
Office rent, utilities and maintenance			
Office supplies, stationery			
Personal expenses of candidate (from box G, form Sm-PE1)		0.00	
Postage and courier			14.33
Professional services			
Research and polling			
Salaries and benefits			
Social functions / thank-you parties			
Telecommunications			
Travel			
Total cost of fundraising functions held during the campaign period (from box F, form Sm-F)		0.00	
Total cost of fundraising functions held outside the campaign period (from box G, form Sm-F)			0.00
Total net losses of fundraising functions which incurred net losses during the campaign period (from box H, form Sm-F)	0.00		
Other expenses (describe)			
Total Expenses	0.00 A	250.00 B	14.33 C

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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 P.O. Box 9275 Stn Prov Govt, Victoria BC V8W 9J6



SUMMARY OF POLITICAL CONTRIBUTIONS BY CLASS

Sm-C
(15/07)

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If form is for Nomination Contestant, please tick

NAME OF FILING ENTITY
CROCOCK JOHN PETER

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

	Contributions greater than \$250		Contributions of \$250 or less	
Individuals	264.33	1a	0.00	1b
Corporations	0.00	2a	0.00	2b
Unincorporated Business / Commercial Organizations	0.00	3a	0.00	3b
Trade Unions	0.00	4a	0.00	4b
Non-profit Organizations	0.00	5a	0.00	5b
Other Identifiable Contributions	0.00	6a	0.00	6b

Classified subtotals (1a to 6a & 1b to 6b)
(box A = box A, S-A1) 264.33 | A 0.00 | B

Classified totals
(A + B) 264.33 | C

Total anonymous contributions
(from box A, S-A2) 0.00 | D

Total value of all political contributions from all sources
(C + D) 264.33 | E

Total contributions of money 264.33 | F

Total contributions of goods, services and discounts
(includes contributions through loans and debts) 0.00 | G
(boxes F + G must equal box E)

Number of contributors who made contributions
of \$250 or less in total value 0.00 | H

Total dollar amount of all income tax receipts issued
(Leadership Contestants cannot issue tax receipts) \$ 264.33 | I

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PERMITTED ANONYMOUS CONTRIBUTIONS ACCEPTED AT FUNCTIONS

S-A2
(15/06)

If form is for Nomination Contestant, please tick

NAME OF FILING ENTITY
CROCKOCK JOHN PETER

PAGE 1
OF 1

DATE OF FUNCTION (YYYY/MM/DD)	DESCRIPTION OF FUNCTION	NUMBER OF PEOPLE ATTENDING	TOTAL AMOUNT OF ANONYMOUS CONTRIBUTIONS
			0.00
TOTAL			A 0.00

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PROHIBITED CONTRIBUTIONS

S-Ax
(15/09)

NAME OF FILING ENTITY
CROCOCK JOHN PETER

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

DATE RECEIVED (YYYY/MM/DD)	CIRCUMSTANCES	AMOUNT	DATE RETURNED (YYYY/MM/DD)	OR	DATE REMITTED TO CHIEF ELECTORAL OFFICE (YYYY/MM/DD)
					0.00
TOTAL		A			0.00

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**PERSONAL EXPENSES PAID
BY FINANCIAL AGENT**
(Personal expenses of candidate or contestant
which were paid by the financial agent)

Sm-PE1
(15/06)

If form is for Nomination Contest, please tick

NAME OF FILING ENTITY
CROCOCK JOHN PETER

Paid by the Financial Agent

A. Transportation to, from or within electoral district	Air travel	0.00	
	Bus, taxi	0.00	
	Rental vehicle	0.00	
	Private vehicle	0.00	
	Other (describe)	0.00	
Total		0.00	A

B. Cost of lodging, meals and incidental expenses while travelling	Hotel, motel	0.00	
	Meals	0.00	
	Incidental expenses (describe)	0.00	
Total		0.00	B

C. Cost of renting a necessary temporary residence	Rent	0.00	C
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D. All other necessary personal expenses related to campaign or contest	Family care	0.00	
	Disability expenses	0.00	
	Total	0.00	D

E. Total personal expenses paid by the financial agent	Total of items A to D	0.00	E
--------------------------------------------------------	-----------------------	------	----------

F. Total personal expenses paid out of pocket by candidate or contestant	From Sm-PE2, box E	0.00	F
--------------------------------------------------------------------------	--------------------	------	----------

G. Total personal expenses from Sm-PE1 and Sm-PE2	Total of items E + F	0.00	G
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PERSONAL EXPENSES PAID BY CANDIDATE / CONTESTANT

Sm-PE2
(15/06)

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

If form is for Nomination Contest, please tick

NAME OF FILING ENTITY
CROCOCK JOHN PETER

Paid by the Candidate or Contestant

A. Transportation to, from or within electoral district

Air travel	0.00
Bus, taxi	0.00
Rental vehicle	0.00
Private vehicle	0.00
Other (describe)	0.00

Total 0.00 **A**

B. Cost of lodging, meals and incidental expenses while travelling

Hotel, motel	0.00
Meals	0.00
Incidental expenses (describe)	0.00

Total 0.00 **B**

C. Cost of renting a necessary temporary residence

Rent 0.00 **C**

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

Family care	0.00
Disability expenses	0.00

Total 0.00 **D**

E. Total personal expenses paid by candidate or contestant

Total of items A to D 0.00 **E**

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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 CROCOCK JOHN PETER	
Number of fundraising functions held	<input style="width: 100px;" type="text" value="0.00"/>
Total gross fundraising function income (sum of boxes M on all S-F forms)	<input style="width: 100px;" type="text" value="0.00"/> A
Total cost of fundraising functions (sum of boxes N on all S-F forms)	<input style="width: 100px;" type="text" value="0.00"/> B
Total net income (or loss) from fundraising functions (A - B)	<input style="width: 100px;" type="text" value="0.00"/> C
Total amount of gross income reported as political contributions (sum of boxes G on all S-F forms)	<input style="width: 100px;" type="text" value="0.00"/> D
Total amount of gross income NOT reported as political contributions (sum of boxes L on all S-F forms)	<input style="width: 100px;" type="text" value="0.00"/> E
<small>(boxes D + E must equal box A)</small>	
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	<input style="width: 100px;" type="text" value="0.00"/> F
Total cost of fundraising functions held outside the campaign period	<input style="width: 100px;" type="text" value="0.00"/> G
Total net losses of fundraising functions which incurred net losses during the campaign period	<input style="width: 100px;" type="text" value="0.00"/> H

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FUNDRAISING FUNCTION

(Submit a separate form for each function held)

S-F
(15/07)

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If form is for Nomination Contestant, please tick

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OF 1

NAME OF FILING ENTITY CROCOCK JOHN PETER	
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)	0.00	O	



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LOANS AND GUARANTEES

S-L1
(15/06)

NAME OF FILING ENTITY
CROCK JOHN PETER

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

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) \$	
TOTAL										D		E		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
(15/09)

NAME OF FILING ENTITY CROCKOCK JOHN PETER

PAGE 1
OF 1

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	0.00	B	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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TRANSFERS RECEIVED

S-T-Rcv
(15/06)

NAME OF FILING ENTITY
CROCOCK JOHN PETER

PAGE 1
OF 1

DATE OF TRANSFER (YYYY/MM/DD)	NAME OF ENTITY TRANSFERRING MONEY, GOODS OR SERVICES	VALUE OF TRANSFER
TOTAL A		0.00

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TRANSFERS GIVEN

S-T-Giv
 (15/06)

NAME OF FILING ENTITY
CROCOCK JOHN PETER

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

DATE OF TRANSFER (YYYY/MM/DD)	NAME OF ENTITY RECEIVING MONEY, GOODS OR SERVICES	VALUE OF TRANSFER
TOTAL		A 0.00

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CANDIDATE'S NOMINATION CONTESTANT EXPENSES INCURRED DURING THE CAMPAIGN PERIOD

Sm-E-NC
(15/07)

NAME OF FILING ENTITY
CROCOCK JOHN PETER

Nomination contestant expenses incurred during the campaign period:

Convention, workshop and meeting fees and rentals	0.00	
Furniture and equipment	0.00	
Insurance	0.00	
Newsletters and promotional materials (signs, brochures, etc.)	0.00	
Office rent, utilities and maintenance	0.00	
Office supplies, stationery	0.00	
Postage and courier	0.00	
Professional services	0.00	
Research and polling	0.00	
Social functions/thank-you parties	0.00	
Telecommunications	0.00	
Travel	0.00	
Total net losses of nomination contestant fundraising functions which incurred net losses during the campaign period (box H, form Sm-F)	0.00	
Other expenses (describe)	0.00	

Total expenses 0.00 A

Candidate's campaign period election expenses limit N/A B \times 10% = 0.00 C

Excess nomination contestant expenses (A - C)
(This amount, if greater than zero, is an election expense of the candidate) 0.00 D