# ELECTIONS

## ELECTION FINANCING REPORT CANDIDATE

F-C (15/09)

Amendment # A non-partisan Office of the Leoislature CANDIDATE'S LAST NAME FIRST NAME MIDDLE NAME(S) POLITICAL PARTY/AFFILIATION SENERAL VOTING DAY (YYYY) (MM / DD) 2017 MIDDLE NAME(\$) CITY / TOWN FINANCIAL AGE FAX NUMBER This financing report includes the following forms: **FORMS** CHECKLIST All Candidates: Statement of Election Income and Expenses -Form St-I&E-E Summary of Expenses -Form Sm-E Summary of Political Contributions by Class -Form Sm-C Political Contributions of Money / Property / Services over \$250 -Form S-A1 Permitted Anonymous Contributions Accepted at Functions -Form S-A2 Prohibited Contributions -Form S-Ax Personal Expenses Paid by Financial Agent -Form \$m-PE1 Personal Expenses Paid by Candidate -Form Sm-PE2 Summary of Fundraising Functions -Form Sm-F Fundraising Function -Form S-F П Loans and Guarantees --Form S-L1 Loans / Debts Forgiven / Written Off --Form S-L2 Transfers Received --Form S-T-Rcv Transfers Given --Form S-T-Giv **Candidates Who Were Nomination Contestants:** Nomination Contestant Expenses - Form Sm-E-NC Summary of Political Contributions by Class -Form Sm-C Political Contributions of Money / Property / Services over \$250 -Form S-A1 Permitted Anonymous Contributions Accepted at Functions -Form S-A2 Personal Expenses Paid by Financial Agent -Form Sm-PE1 Personal Expenses Paid by Contestant -Form Sm-PE2 Summary of Fundraising Functions --Form Sm-F Form S-F Fundraising Function -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)

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



GENERAL VOTING DAY (YYYY / MM / DD)



## STATEMENT OF ELECTION INCOME AND EXPENSES

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

· · · · · · · · · · · · · · · · · · ·	2017 05 09
NAME OF FILING ENTER WILL COSTIGNE	
Total value of political contributions from all sources (from box E on form Sm-C)	0
Total transfers received (from box A on form S-T-Rcv)	6
Interest income	6
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)	0
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)	В
For Candidates Only  Balance in campaign account as of date of report	c



## **SUMMARY OF EXPENSES**



(15/08)



NAME OF FILING ENTITY DAVID COS	TTGANE		
Election Expenses	Election Expenses Subject to Limits	Election Expenses Not Subject to Limits	Other Expenses
Accounting and audit services			0
Bank charges	9		[
Candidate's nomination deposit	250		
Convention, workshop and meeting fees and rentals	0		
Data processing / information technology	0		
Donations and gifts	0		
Excess nomination expenses (from box D, form Sm-E-NC)	(b)		
Furniture and equipment	0		
Insurance	0		
Interest expense	0		
Media advertising	Q		
Newsletters and promotional material (signs, brochures, etc.)			
Office rent, utilities and maintenance	Q		
Office supplies, stationery	0		
Personal expenses of candidate (from box G, form Sm-PE1)	(2)		
Postage and courier	0		
Professional services	0		
Research and polling	0		
Salaries and benefits	0		
Social functions / thank-you parties	0	33	
Telecommunications	Q		
Travel			
Total cost of fundraising functions held during the campaign period (from box F, form Sm-F)	0		
Total cost of fundraising functions held outside the campaign period (from box G, form Sm-F)	0		
Total net losses of fundraising functions which incurred net losses during the campaign period (from box H, form Sm-F)	0	0	
Other expenses (describe)			
Total Expenses	(C) A	В	C





# SUMMARY OF POLITICAL CONTRIBUTIONS BY CLASS

Sm-C (15/07)

If form is for Nomination Contestant, please tick

NAME OF FILING ENTITY DAVID COSTTOANE								
Total value of contributions from each of the following classes of contributor:								
	Contributions greater than \$250	Contributions of \$250 or less						
Individuals	(1) 1a							
Corporations	2a	2b						
Unincorporated Business / Commercial Organizations	() 3a	3b						
Trade Unions	(Aa)	(f) 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)	A	В						
Classified totals (A + B)  C								
Total anonymous contributions (from box A, S-A2)								
Total value of all political contributions from all sources (C + D)								
Tot	al contributions of money	F						
Total contributions of good (includes contributions	s, services and discounts through loans and debts)	(boxes F + G must equal box E)						
	Number of contributors who made contributions of \$250 or less in total value							
Total dollar amount of all in (Leadership Contestants o		\$ 0 1						





A non-partisan Office of the Legislature NAME OF FILING ENTITY PAGE OF CLASS OF CONTRIBUTOR\*
(X APPROPRIATE CLASS) DATE OF EACH FULL NAME OF CONTRIBUTOR TOTAL OF INDIVIDUAL CONTRIBUTOR'S CONTRIBUTIONS (If a numbered corporation or an unincorporated CONTRIBUTION CONTRIBUTION AMOUNTS organization, include full names of two directors) 1 2 3 4 5 6 (YYYY/MM/DD) TOTAL OF \* CLASS OF CONTRIBUTOR: 1 - INDIVIDUAL, 2 - CORPORATION, 3 - UNINCORPORATED BUSINESS/COMMERCIAL ORGANIZATION, INDIVIDUAL

CONTRIBUTIONS

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

4 - TRADE UNION, 5 - NON-PROFIT ORGANIZATION, 6 - OTHER

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

## PERMITTED ANONYMOUS CONTRIBUTIONS ACCEPTED AT FUNCTIONS

S-A2 (15/06)

If form is for Nomination Contestant, please tick □

ELECTIONS A non-partisan Office of the Leg	NA (IV)	
Chorpartisan Office Office Leg	NAME OF FILING ENTITY	PAGE
•	NAME OF FILING ENTITY  ANELLO COST/GANTS	OF
DATE OF FUNCTION (YYYY/MM/DD)	DESCRIPTION OF FUNCTION  NUMBER OF PEOPLE ATTENDING	TOTAL AMOUNT OF ANONYMOUS CONTRIBUTIONS
·····		
****		
	·	
		*
	TOTAL	А



## **PROHIBITED CONTRIBUTIONS**



A non-partisan Office of the Lec	NAME OF FILING ENTITY DAVID COS 17 GAW	É		PAGE OF
DATE RECEIVED (YYYY/MM/DD)	CIRCUMSTANCES	AMOUNT	DATE RETURNED OR (YYYY/MM/DD)	DATE REMITTED TO CHIEF ELECTORAL OFFICE (YYYY/MM/DD)
		······································		
				······································
				* 10400 - management   1 2000 - 1 2000
	TOTAL	A		





## PERSONAL EXPENSES PAID BY FINANCIAL AGENT

## (Personal expenses of candidate or contestant which were paid by the financial agent)

If form is for Nomination Contest, please tick  $\Box$ 

NAME OF FILING ENTITY AND COSTIONAL	TE.	
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 and incidental expenses while travelling	Hotel, motel	
	Meals	
Incidental expenses (describe)		
	Total	В
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 <b>Sm-PE2</b> , box <b>E</b>	F
G. Total personal expenses from Sm-PE1 and Sm-PE2	Total of items <b>E</b> + <b>F</b>	G



# PERSONAL EXPENSES PAID BY CANDIDATE / CONTESTANT

3m-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	Contraction of the Contraction o	
NAME OF FILING ENTITY  AVID COSTIGN	AUE	
Paid by the Candidate or Contestant	<u></u>	····
A. Transportation to, from or within electoral district	Air travel	0
	Bus, taxi	
	Rental vehicle	
	Private vehicle	
Other (describe)		
	Total	OA
B. Cost of lodging, meals and incidental expenses while travelling	Hotel, motel	P
Incidental expenses (describe)	Meals	
incluental expenses (describe)		
	Total	В
C. Cost of renting a necessary temporary residence	Rent	0   c
D. All other necessary personal expenses related to campaign or contest	Family care Disability expenses	0
	Total	O D
E. Total personal expenses paid by candidate or contestant	Total of items A to D	<u> </u>

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# SUMMARY OF FUNDRAISING FUNCTIONS

(Total amounts from all forms S-F)

If form is for Nomination Contestant, please tick .

NAME OF FILING ENTITY DAVID COSTIGNATE
Number of fundraising functions held
Total gross fundraising function income (sum of boxes M on all S-F forms)
Total cost of fundraising functions (sum of boxes N on all S-F forms)
Total net income (or loss) from fundraising functions (A – B)
Total amount of gross income reported as political contributions (sum of boxes G on all S-F forms)
Total amount of gross income NOT reported as political contributions (sum of boxes L on all S-F forms)
(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
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



# ELECTIONS ::

## **FUNDRAISING FUNCTION**

(Submit a separate form for each function held)

**S-F** (15/07)

LECTIONS 🚉 If form is	for Nomination	Contestant, please	tick 🛘	PAGE	
on-partisan Office of the Legislature				OF	
NAME OF FILING ENTITY  DATE OF EVENT (YYYYIMWDD)  DESCRIPTION	DES 1704 ON OF FUNDRAISING	WE EVENT (IF A JOINT EVENT, IDE	NTIFY OTHER ENTITY)		
Gross income reported as political contrib	uitione				
Gross medine reported as pontical contrib	utions			Tick if	
	Number of Tickets Sold	Charge per Ticket	Total Charges Collected	Charge per Ticket Varies	r
Purchases by organizations				a	
Purchases by individuals of more than				3	
\$250 worth of tickets Purchases by individuals of tickets				4	
that are more than \$50 each					
Other gross income reported as contributions	including anony	mous contributions (prov	vide full details)		
<del></del>	\				
				_	
		<u> </u>		<b>E</b>	
		<i></i>		F	
Total grape in severe	den ee betreeer e	Mand annual business (A			
Total gross incom	e reporteu as por	tical contributions (A + E	D*C*D*E*F)		G
Gross income not reported as political co	ntributions				
		The state of the s		Tick if Charge per	г
	Number of Tickets Sold	Charge per Nicket	Total Charges Collected	Ticket Varies	
Purchases by individuals of				4	
tickets of \$50 or less					
Other gross income not reported as contribut	ions (provide full o	details)		_	
				1	
			<b>\</b>		
	"		<del>\</del>		
			_\!		
Total gross	income not report	ed as political contribution	ons (H+I+J+K)		L
		Total gro	ss income (6 + L)		M
		Tol	tal cost of function		N
				19	
	•	Net income	(loss) (box M-N)		0

#### LOANS AND GUARANTEES





A non-partisan Office of the Legislature NAME OF FILING ENTITY PAGE AUIL COSTICANTE CLASS\* DUE DATE AMOUNT OF LOAN/GUARANTEE AMOUNT OF DATE AMOUNT OF LOAN INT. PRIME AMOUNT OF BENEFIT/ (X) FULL NAMES OF LENDER CONDITIONS INTEREST INTEREST BEING CHARGED RECEIVED (YYYY/MM/DD) OUTSTANDING RATE RATE CONTRIBUTION AND/OR GUARANTOR (if applicable) PAYABLE (A - B) S AT PRIME RATE S 3 4 5 2 \$ \* CLASS OF CONTRIBUTOR: TOTAL D TOTAL 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



.non-partisan Office															
	NAME OF FILING ENTITY	AUD	(	//	7 OS	5 T	70	ĵ	ANG	. /			_	PAGE OF	
DATE FORGIVEN/ WRITTEN OFF (YYYY/MM/DD)	FULL NAME OF LENDER / CREDITO		С	LASS	OF CO	NTRIE	SUTOR*		CONDITION (If application)	ons	ORIGII L	NAL AMOUNT OF OAN/DEBT \$	AMOUNT FORGIVE	OF LOAN/DEBT N/WRITTEN OFF \$	
			/												
							į								
* CLASS OF CONTR 1 - INDIVIDUAL, 2 4 - TRADE UNION	NINCORPORATED BUSINESS/COMMEI NIZATION, 6 – OTHER	RCIAL ORGANIZATION,								TOTALS	А	0	в	).	

No. of Concession, Name of Street, or other Persons, Name of Street, or ot	(3)
1	

ELECTIONS
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## TRANSFERS RECEIVED

S-	T-Rcv	
	(15/06)	

ELECTIONS						
A non-partisan Office of the Legislature	NAME OF FILING ENTITY  AUD  COS FT GANGE		PAGE )			
DATE OF TRANSFER (YYYY/MM/DD)	NAME OF ENTITY TRANSFERRING MONEY, GOODS OR SERVICES		VALUE OF TRANSFER			
			·			
			VV			
	TOTAL	Α				



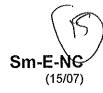
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S-T-Giv (15/06)

ELECTIONS BE					
A non-partisan Office of the Legislature	NAME OF FILING ENTITY COSTTO AND		PAGE /		
DATE OF TRANSFER (YYYY/MM/DD)	NAME OF ENTITY RECEIVING MONEY, GOODS OR SERVICES	VX TR	ALUE OF RANSFER		
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			**************************************		
	TOTAL	- A	()		



## CANDIDATE'S NOMINATION CONTESTANT EXPENSES INCURRED DURING THE CAMPAIGN PERIOD



NAME OF FILING ENTITY AUL COSTIGANE							
Nomination contestant expenses incurred during the campaign period:							
Convention, workshop and meeting fees and rentals							
Furniture and equipment							
Insurance							
Newsletters and promotional materials (signs, brochures, etc.)							
Office rent, utilities and maintenance							
Office supplies, stationery							
Postage and courier							
Professional services							
Research and polling							
Social functions/thank-you parties							
Telecommunications							
Travel  Total net losses of nomination contestant fundraising functions which incurred net losses during the campaign period (box H, form Sm-F)  Other expenses (describe)							
Other expenses (describe)							
Total expenses	A						
Candidate's campaign period election expenses limit	C C UNI 60						
Excess nomination contestant expenses $(A-C)$ (This amount, if greater than zero, is an election expense of the candidate)							
	programme and the second programme and the sec						