



ELECTION FINANCING REPORT

CANDIDATE

F-C
(15/09)

ELECTIONS BC
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Amendment # _____

CANDIDATE'S LAST NAME LOSTIGANE		FIRST NAME DAVID	MIDDLE NAME(S) ALLAN
ELECTORAL DISTRICT VICTORIA SWAN LAKE	POLITICAL PARTY/AFFILIATION Vancouver Island Party	GENERAL VOTING DAY (YYYY / MM / DD) 2017 05 09	
FINANCIAL AGENT'S LAST NAME RICHARDSON		FIRST NAME ROBIN	MIDDLE NAME(S)
FINANCIAL AGENT'S MAILING ADDRESS 143-7 CHEF ROBERT SAM LAKE		CITY / TOWN VICTORIA BC	
POSTAL CODE V9A 1T43	PHONE NUMBER (250) 388-4274	FAX NUMBER /	EMAIL ADDRESS r.m.rick@telus.net

This financing report includes the following forms:

All Candidates:

		FORMS CHECKLIST
Statement of Election Income and Expenses –	Form St-I&E-E	<input checked="" type="checkbox"/> 1
Summary of Expenses –	Form Sm-E	<input checked="" type="checkbox"/> 2
Summary of Political Contributions by Class –	Form Sm-C	<input checked="" type="checkbox"/> 3
Political Contributions of Money / Property / Services over \$250 –	Form S-A1	<input checked="" type="checkbox"/> 4
Permitted Anonymous Contributions Accepted at Functions –	Form S-A2	<input checked="" type="checkbox"/> 5
Prohibited Contributions –	Form S-Ax	<input checked="" type="checkbox"/> 6
Personal Expenses Paid by Financial Agent –	Form Sm-PE1	<input type="checkbox"/> 7
Personal Expenses Paid by Candidate –	Form Sm-PE2	<input checked="" type="checkbox"/> 8
Summary of Fundraising Functions –	Form Sm-F	<input checked="" type="checkbox"/> 9
Fundraising Function –	Form S-F	<input checked="" type="checkbox"/> 10
Loans and Guarantees –	Form S-L1	<input checked="" type="checkbox"/> 11
Loans / Debts Forgiven / Written Off –	Form S-L2	<input checked="" type="checkbox"/> 12
Transfers Received –	Form S-T-Rcv	<input checked="" type="checkbox"/> 13
Transfers Given –	Form S-T-Giv	<input checked="" type="checkbox"/> 14

Candidates Who Were Nomination Contestants:

Nomination Contestant Expenses –	Form Sm-E-NC	<input checked="" type="checkbox"/> 15
Summary of Political Contributions by Class –	Form Sm-C	<input checked="" type="checkbox"/> 16
Political Contributions of Money / Property / Services over \$250 –	Form S-A1	<input checked="" type="checkbox"/> 17
Permitted Anonymous Contributions Accepted at Functions –	Form S-A2	<input checked="" type="checkbox"/> 18
Personal Expenses Paid by Financial Agent –	Form Sm-PE1	<input checked="" type="checkbox"/> 19
Personal Expenses Paid by Contestant –	Form Sm-PE2	<input checked="" type="checkbox"/> 20
Summary of Fundraising Functions –	Form Sm-F	<input checked="" type="checkbox"/> 21
Fundraising Function –	Form S-F	<input checked="" type="checkbox"/> 22

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)

1

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

NAME OF FILING ENTITY DANIEL COSTIGANE

Total value of political contributions from all sources (from box E on form Sm-C) 250 0

Total transfers received (from box A on form S-T-Rcv) 0

Interest income 0

Total gross fundraising function income not reported as political contributions (from box E on form Sm-F) 0

Candidate's nomination deposit refund 0

Other income (describe)

Total Income (sum of above boxes) 250 0 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) 250 0

Total value of other expenses (from box C on form Sm-E) 0

Total transfers given (from box A on form S-T-Giv) 0

Total Expenditures (sum of above boxes) 250 0 B

For Candidates Only

Balance in campaign account as of date of report 0 C

1

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



STATEMENT OF ELECTION INCOME AND EXPENSES

SEE AMENDMENT

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

NAME OF FILING ENTITY		
DAVID COSTIGANE		
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)	0	
Interest income	0	
Total gross fundraising function income not reported as political contributions (from box E on form Sm-F)	0	
Candidate's nomination deposit refund	0	
Other income (describe)		
Total Income (sum of above boxes)	0	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)	0	
Total value of other expenses (from box C on form Sm-E)	0	
Total transfers given (from box A on form S-T-Giv)	0	
Total Expenditures (sum of above boxes)	0	B
For Candidates Only		
Balance in campaign account as of date of report	0	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 PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6

SUMMARY OF EXPENSES

Sm-E
(15/08)



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NAME OF FILING ENTITY **DANIL COSTIGANE**

Election Expenses	Election Expenses Subject to Limits	Election Expenses Not Subject to Limits	Other Expenses
Accounting and audit services	0	0	0
Bank charges	0	0	0
Candidate's nomination deposit	250	250	
Convention, workshop and meeting fees and rentals	0	0	
Data processing / information technology	0	0	
Donations and gifts	0	0	
Excess nomination expenses (from box D, form Sm-E-NC)	0		
Furniture and equipment	0		
Insurance	0		
Interest expense	0		
Media advertising	0		
Newsletters and promotional material (signs, brochures, etc.)	0		
Office rent, utilities and maintenance	0		
Office supplies, stationery	0		
Personal expenses of candidate (from box G, form Sm-PE1)	0		
Postage and courier	0		
Professional services	0		
Research and polling	0		
Salaries and benefits	0		
Social functions / thank-you parties	0		
Telecommunications	0		
Travel	0		
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 0 A 250 B 0 C



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SUMMARY OF EXPENSES

SEE AMENDMENT

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Sm-E
(15/08)

NAME OF FILING ENTITY **DANIL COSTIOANE**

Election Expenses

Election Expenses Subject to Limits

Election Expenses Not Subject to Limits

Other Expenses

Accounting and audit services	0	0	0
Bank charges	0	0	0
Candidate's nomination deposit	250	0	0
Convention, workshop and meeting fees and rentals	0	0	0
Data processing / information technology	0	0	0
Donations and gifts	0	0	0
Excess nomination expenses (from box D, form Sm-E-NC)	0	0	0
Furniture and equipment	0	0	0
Insurance	0	0	0
Interest expense	0	0	0
Media advertising	0	0	0
Newsletters and promotional material (signs, brochures, etc.)	0	0	0
Office rent, utilities and maintenance	0	0	0
Office supplies, stationery	0	0	0
Personal expenses of candidate (from box G, form Sm-PE1)	0	0	0
Postage and courier	0	0	0
Professional services	0	0	0
Research and polling	0	0	0
Salaries and benefits	0	0	0
Social functions / thank-you parties	0	0	0
Telecommunications	0	0	0
Travel	0	0	0
Total cost of fundraising functions held during the campaign period (from box F, form Sm-F)	0	0	0
Total cost of fundraising functions held outside the campaign period (from box G, form Sm-F)	0	0	0
Total net losses of fundraising functions which incurred net losses during the campaign period (from box H, form Sm-F)	0	0	0
Other expenses (describe)	/	/	/

Total Expenses

0 | A

0 | B

0 | C

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3



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

DAVID COSTIGANE

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

	Contributions greater than \$250		Contributions of \$250 or less	
Individuals	0	1a	0 250	1b
Corporations	0	2a	0	2b
Unincorporated Business / Commercial Organizations	0	3a	0	3b
Trade Unions	0	4a	0	4b
Non-profit Organizations	0	5a	0	5b
Other Identifiable Contributions	0	6a	0	6b

Classified subtotals (1a to 6a & 1b to 6b)
(box A = box A, S-A1) 0 A 0 250 B

Classified totals
(A + B) 0 250 C

Total anonymous contributions
(from box A, S-A2) 0 D

Total value of all political contributions from all sources
(C + D) 250 0 E

Total contributions of money 250 0 F

Total contributions of goods, services and discounts
(includes contributions through loans and debts)
(boxes F + G must equal box E) 0 G

Number of contributors who made contributions
of \$250 or less in total value 1 0 H

Total dollar amount of all income tax receipts issued
(Leadership Contestants cannot issue tax receipts) \$ 0 I

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SEE AMENDMENT

3

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

DAVID COSTIGANE

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

	Contributions greater than \$250		Contributions of \$250 or less	
Individuals	0	1a	0	1b
Corporations	0	2a	0	2b
Unincorporated Business / Commercial Organizations	0	3a	0	3b
Trade Unions	0	4a	0	4b
Non-profit Organizations	0	5a	0	5b
Other Identifiable Contributions	0	6a	0	6b

Classified subtotals (1a to 6a & 1b to 6b) (box A = box A, S-A1) 0 A 0 B

Classified totals (A + B) 0 C

Total anonymous contributions (from box A, S-A2) 0 D

Total value of all political contributions from all sources (C + D) 0 E

Total contributions of money 0 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 \$250 or less in total value 0 H

Total dollar amount of all income tax receipts issued (Leadership Contestants cannot issue tax receipts) \$ 0 I

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

④

S-A1
(15/06)

If form is for Nomination Contestant, please tick

NAME OF FILING ENTITY DANIEL COSTIGANE

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>(X APPROPRIATE CLASS)</small>						INDIVIDUAL CONTRIBUTION AMOUNTS	DATE OF EACH INDIVIDUAL CONTRIBUTION <small>(YYYY/MM/DD)</small>	TOTAL OF CONTRIBUTOR'S CONTRIBUTIONS
	1	2	3	4	5	6			
<div style="font-size: 4em; opacity: 0.5; transform: rotate(-45deg); position: absolute; top: 50%; left: 50%; pointer-events: none;"> No contributions reported </div>									

* 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 0

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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 DAVID COSTIGANE

PAGE
OF

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

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PROHIBITED CONTRIBUTIONS

NAME OF FILING ENTITY DAVID COSTIGANE

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OF 1

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

[Handwritten signature]

TOTAL A

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Sm-PE1
(15/06)



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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

NAME OF FILING ENTITY DAVID COSTIGANE

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	B

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 Sm-PE2, box E	F
--------------------	----------

G. Total personal expenses from Sm-PE1 and Sm-PE2

Total of items E + F	G
----------------------	----------



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PERSONAL EXPENSES PAID BY CANDIDATE / CONTESTANT

(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

DAVID COSTIGANZE

Paid by the Candidate or Contestant

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

B

C. Cost of renting a necessary temporary residence

Rent

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

Family care

Disability expenses

Total

D

E. Total personal expenses paid by candidate or contestant

Total of items A to D

E

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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 COSTIGONE	
Number of fundraising functions held		0	
Total gross fundraising function income (sum of boxes M on all S-F forms)		0	A
Total cost of fundraising functions (sum of boxes N on all S-F forms)		0	B
Total net income (or loss) from fundraising functions (A - B)		0	C
Total amount of gross income reported as political contributions (sum of boxes G on all S-F forms)		0	D
Total amount of gross income NOT reported as political contributions (sum of boxes L on all S-F forms)		0	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		0	F
Total cost of fundraising functions held outside the campaign period		0	G
Total net losses of fundraising functions which incurred net losses during the campaign period		0	H



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FUNDRAISING FUNCTION

(Submit a separate form for each function held)

S-F
(15/07)

If form is for Nomination Contestant, please tick

PAGE 1
OF 1

NAME OF FILING ENTITY DAVID COSTIGANE	DESCRIPTION OF FUNDRAISING EVENT (IF A JOINT EVENT, IDENTIFY OTHER ENTITY)
DATE OF EVENT (YYYY/MM/DD)	

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**



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LOANS AND GUARANTEES

NAME OF FILING ENTITY DAVID COSTIGANE

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) \$			
* CLASS OF CONTRIBUTOR: 1 - INDIVIDUAL, 2 - CORPORATION, 3 - UNINCORPORATED BUSINESS/COMMERCIAL ORGANIZATION, 4 - TRADE UNION, 5 - NON-PROFIT ORGANIZATION, 6 - OTHER										TOTAL	D	<u>0</u>	E	<u>0</u>	TOTAL		F	<u>0</u>	

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LOANS AND DEBTS FORGIVEN OR WRITTEN OFF

NAME OF FILING ENTITY: DAVID COSTIGAN

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	B	0

* 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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S-T-Rcv
(15/06)

TRANSFERS RECEIVED



NAME OF FILING ENTITY DAVID COSTIGANE

PAGE 1
OF 1

DATE OF TRANSFER (YYYY/MM/DD)	NAME OF ENTITY TRANSFERRING MONEY, GOODS OR SERVICES	VALUE OF TRANSFER
TOTAL		A <u>0</u>

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S-T-Giv
(15/06)

TRANSFERS GIVEN



NAME OF FILING ENTITY
DAVID COSTIGANE

PAGE 1
OF 1

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

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CANDIDATE'S NOMINATION CONTESTANT EXPENSES INCURRED DURING THE CAMPAIGN PERIOD

Sm-E-NG
(15/07)

15

NAME OF FILING ENTITY

DAVID COSTIGANE

Nomination contestant expenses incurred during the campaign period:

Convention, workshop and meeting fees and rentals	0
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)	0

Total expenses 0 A

Candidate's campaign period election expenses limit

0

x
10%=

0

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

0