

# ELECTION FINANCING REPORT CONSTITUENCY ASSOCIATION

F-CA (15/09)

			Amendment #	
REGISTERED CONSTITUENCY ASSOCIATION  ALBERT STORY SOUTH (CN)  REGISTERED POLITICAL PARTY/INDEPENDENT MLA  BCNDP	9	GENERAL VOTING DA		
FINANCIAL AGENTS LAST NAME  DILL  FINANCIAL AGENTS MAILING ADDRESS  33380 Wren Cres.	FIRST NAME		MIDDLE NAME	:(S)
EMAIL FOODKnown telus net	POSTAL CODE V25   Swl	PHONE NO.	FAX NO.	1 deleter 1 de 1
This financing report includes the following forms:				FORMS CHECKLIST X
Sum	mary of Political Contribu	utions by Class –	Form Sm-C	
Political Contributions	of Money/Property/Serv	ices over \$250 -	Form S-A1	
Permitted Anonymo	us Contributions Accepte	ed at Functions –	Form S-A2	
	Prohibited	d Contributions –	Form S-Ax	
	Summary of Fundra	ising Functions –	Form Sm-F	
	Fundra	aising Function –	Form S-F	
	Loans a	nd Guarantees –	Form S-L1	
	Loans/Debts Forgiv	ven/Written Off –	Form S-L2	
	Tran	sfers Received –	Form S-T-Rcv	
	Т	ransfers Given –	Form S-T-Giv	
I, the Financial Agent, declare that: (a) I am authorized to act on behalf of the above-named orgar (b) this report and appropriate forms have been prepared in ac (c) to the best of my knowledge, information and belief, all the	ccordance with the Election		omplete and accur	ate.
SIGNATURE OF FINANCIAL AGENT			DATE (YYYY / MM / DD	))
V	The state of the s		2017/0	7/13
WARNING: Signing a false statement is a	e corious offence and is s	uhiect to eignificant	nonalties	



# ELECTIONS A non-partisan Office of the Legislature

# SUMMARY OF POLITICAL CONTRIBUTIONS BY CLASS

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

NAME OF FILING ENTITY  Whats Find South BCNDE								
Total value of contributions from each of the following classes of contributor:								
	Contributions greater than \$250		Contributions of \$250 or less					
Individuals		1a		1b				
Corporations		2a /		2b				
Unincorporated Business / Commercial Organizations		Sa		3b				
Trade Unions		4a		4b				
Non-profit Organizations		5a		5b				
Other Identifiable Contributions		6a		6b				
Classified subtotals (1a to 6a & 1b to 6b) (box <b>A</b> = box <b>A</b> , <b>S-A1</b> )		Α		В				
	/ Classified t (A	otals + B)		С				
Total	Total anonymous contributions (from box A, S-A2)							
Total value of all political cont		ırces + D)		E				
		<del></del>						
Tot	tal contributions of m	oney		F				
Total contributions of good (includes contributions				G				
	-		(boxes F + G must equal b	oox E)				
Number of contributors of s	s who made contribu \$250 or less in total v			Н				
Total dollar amount of all in (Leadership Contestants			\$	1				



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

**S-A1** (15/06)

If form is for Nomination Contestant, please tick

A non-partisan Office of the Legislature												
	NAME OF FILING ENTITY										PAGE	
											OF	
(If a numbered o	AME OF CONTRIBUTOR corporation or an unincorporated	CI.	CLASS OF CONTRIBUTOR* (X APPROPRIATE CLASS)					INDIVIDUAL CONTRIBUTION	DATE OF EACH INDIVIDUAL		AL OF IBUTOR'S	
organization, inc	clude full names of two directors)	1	2	3	4	5	6	AMOUNTS	CONTRIBUTION CYYY/MM/DD)	CONTR	IBUTIONS	
						$\int$						
				-								
*CLASS OF CONTRIBUTOR: 1 – INDIVIDUAL, 2 – CORPORATION, 3 – UI 4 – TRADE UNION, 5 – NON-PROFIT ORGA	NINCORPORATED BUSINESS/COMMERCIAL ORGANIZATION	v.	C	II ONTE	NDI\	TAL /IDU JTIO	AL	A				
			-			_	-		× × × × × × × × × × × × × × × × × × ×			



## PERMITTED ANONYMOUS CONTRIBUTIONS ACCEPTED AT FUNCTIONS

**S-A2** (15/06)

If form is for Nomination Contestant, please tick □

parazan aniac ar are acg	151410	NAME OF FILING ENTITY			PAGE
					OF
DATE OF FUNCTION (YYYY/MM/DD)		DESCRIPTION OF FUNCTION	NUMBER OF PEOPLE ATTENDING	TOTAL AM ANONY CONTRIB	OUNT OF MOUS UTIONS
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
			TOTAL	A	

### **PROHIBITED CONTRIBUTIONS**



LECTIONS						
on-partisan Office of the Legislature	NAME OF FILING ENTITY					PAGE
DATE RECEIVED (YYYY/MM/DD)	CIRCUMSTANCES		AMOUNT	DATE RETURNED (YYYY/MM/DD)	OR	DATE REMITTED TO CHIEF ELECTORAL OFFICE (YYYY/MM/DD)
			M			
	TOTAL	A				



## SUMMARY OF FUNDRAISING FUNCTIONS

Sm-F (15/07)

(Total amounts from all forms S-F)

If form is for Nomination Contestant, please tick

NAME OF FILING ENTITY	
Number of fundraising functions held	
Total gross fundraising function income (sum of boxes M on all S4F forms)	Α
Total cost of fundraising functions (sum of boxes N on all S-F forms)	В
Total net income (or loss) from fundraising functions (A – B)	С
Total amount of gross income reported as political contributions (sum of boxes <b>G</b> on all <b>S-F</b> forms)	D
Total amount of gross income NOT reported as political contributions (sum of boxes L on all S-F forms)	E
(box	es D + E must equal box A)
for election financing reports only (see instructions in the Election Financing Report Comp completing this section)	eletion Guide before
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	н





#### (Submit a separate form for each function held)

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

If form is for Nomination Contestant, please tick PAGE A non-partisan Office of the Legislature OF NAME OF FILING ENTITY DATE OF EVENT (YYYY/MM/DD) DESCRIPTION OF FUNDRAISING EVENT (IF A JOINT EVENT, IDENTIFY OTHER ENTITY) Gross income reported as political contributions Tick if Charge per Ticket **Total Charges** Number of Charge Tickets Sold per Ticket Collected **Varies** Purchases by organizations Α Purchases by individuals of more than В \$250 worth of tickets Purchases by individuals of tickets that are more than \$50 each 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 Tick if Charge per Number of Charge **Total Charges** Ticket **Tickets Sold** per Ticket Collected Varies Purchases by individuals of Н tickets of \$50 or less Other gross income not reported as contributions (provide full details) K Total gross income not reported as political contributions (H + I + J + K) Total gross income (G + L) M Total cost of function Ν Net income (loss) (box M-N) 0

#### **LOANS AND GUARANTEES**



A non-partisan Offic	ONS Coe of the Legislature NAME C	F FILING EN	TITY												PAC	GE	
															(	OF	_
DATE RECEIVED	FULL NAMES OF LENDE AND/OR GUARANTOR	NAMES OF LENDER VOR GUARANTOR	CLASS* (X)					DUE DATE (YYYY/MM/DD)	ORIGINAL AMOUNT OF LOAN/GUARANTEE	AMOUNT OF LOAN OUTSTANDING	INT. RATE	PRIME RATE	A  AMOUNT OF INTEREST PAYABLE	AMOUNT OF INTEREST BEING	CON	C BENEFIT/ ITRIBUTIO	N
(YYYY/MM/DD)			1 2	3	4	5	6	,	\$	\$	%,/	%	AT PRIME RATE \$	CHARGED \$		(A - B) \$	
			********	****						***************************************							
													:				
							X										
						/											
*CLASS OF CONTI	RIBUTOR: 2 – CORPORATION, 3 – UNINCORPOF	ATED BUSINE	SSICO	MMERO	ا اماد		UZATION	TOTAL	D	E		<u>'</u>		TOTAL	F		

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



## LOANS AND DEBTS FORGIVEN OR WRITTEN OFF

**S-L2** (15/09)

non-partisan Office of the Legislature	NAME OF FILING ENTITY						*******				PAGE	
							_				of [	
DATE FORGIVEN/ WRITTEN OFF (YYYY/MM/DD)	FULL NAME OF LENDER / CREDITOR		CLASS (X API	OF COPE	ONTRII RIATE (	BUTOR	₹* ()	CONDITIONS	NS ORIGINAL AMOUNT OF AMOUN			EBT OFF
(YYYY/MM/DD)		1	1 2 3 4 5 6		(if applicable)	LOAN/DEBT \$		OF LOAN/D N/WRITTEN \$				
* CLASS OF CONTRIBUTOR: 1 - INDIVIDUAL, 2 - CORPORATIOI 4 - TRADE UNION, 5 - NON-PROFI	N, 3 – UNINCORPORATED BUSINESS/COMMERCIAL ORGANIZATIC T ORGANIZATION, 6 – OTHER	ON,						TOTALS	A	В		

#### TRANSFERS RECEIVED



A non-partisan Office of the Legi	NAME OF FILING ENTITY  NAME OF FILING ENTITY  SINTH B CODE  OF THE PROPERTY OF	MMMAAAA		PAGE OF
DATE OF TRANSFER (YYYY/MM/DD)	NAME OF ENTITY TRANSFERRING MONEY, GOODS OR SERVICES		VALUE TRANS	E OF SFER
2017/01/13	BCNOP	(	90.9	6
2017/04/24	BCMOR		7-5,0	
25/2/03/24	BCNOS	2	80 ° 80	<b>O</b>
12/03/10	Buros	<b>.</b>	00,20	>
1017/03/24	BCNOP	1	91,16	,
			······································	
<u> </u>		TOTAL A	938	iZ,

## **TRANSFERS GIVEN**



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non-partisan Office of the Legislature	NAME OF FILING ENTITY		:		PAGE OF	
DATE OF TRANSFER (YYYY/MM/DD)	NAME OF ENTITY RECEIVING MONEY, GOODS OR SERVICES		T	VALUE O	F. R	
				:		
			:		:	
			:			
	TOTAL	A				