



ELECTION FINANCING REPORT

CANDIDATE

F-C
(15/09)

ELECTIONS
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Amendment # _____

CANDIDATE'S LAST NAME <i>Wilson</i>		FIRST NAME <i>Donald</i>	MIDDLE NAME(S) <i>Nelson Stewart</i>
ELECTORAL DISTRICT <i>North Vancouver-Lonsdale</i>		POLITICAL PARTY/AFFILIATION <i>LIBERTARIAN</i>	GENERAL VOTING DAY (YYYY / MM / DD) <i>2017/05/19</i>
FINANCIAL AGENT'S LAST NAME <i>One and the same</i>		FIRST NAME	MIDDLE NAME(S)
FINANCIAL AGENT'S MAILING ADDRESS <i>418-604 Columbia Street</i>		CITY/TOWN <i>New Westminster</i>	
POSTAL CODE <i>V3M 1A5</i>	PHONE NUMBER <i>604-561-6809</i>	FAX NUMBER	EMAIL ADDRESS <i>dasWilson@gmail.com</i>

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"/>	X
Summary of Expenses – Form Sm-E	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Summary of Political Contributions by Class – Form Sm-C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Political Contributions of Money / Property / Services over \$250 – Form S-A1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Permitted Anonymous Contributions Accepted at Functions – Form S-A2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Prohibited Contributions – Form S-Ax	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Personal Expenses Paid by Financial Agent – Form Sm-PE1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Personal Expenses Paid by Candidate – Form Sm-PE2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Summary of Fundraising Functions – Form Sm-F	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Fundraising Function – Form S-F	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Loans and Guarantees – Form S-L1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Loans / Debts Forgiven / Written Off – Form S-L2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Transfers Received – Form S-T-Rcv	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Transfers Given – Form S-T-Giv	<input type="checkbox"/>	<input type="checkbox"/>

Candidates Who Were Nomination Contestants:

Nomination Contestant Expenses – Form Sm-E-NC	<input type="checkbox"/>	<input type="checkbox"/>
Summary of Political Contributions by Class – Form Sm-C	<input type="checkbox"/>	<input type="checkbox"/>
Political Contributions of Money / Property / Services over \$250 – Form S-A1	<input type="checkbox"/>	<input type="checkbox"/>
Permitted Anonymous Contributions Accepted at Functions – Form S-A2	<input type="checkbox"/>	<input type="checkbox"/>
Personal Expenses Paid by Financial Agent – Form Sm-PE1	<input type="checkbox"/>	<input type="checkbox"/>
Personal Expenses Paid by Contestant – Form Sm-PE2	<input type="checkbox"/>	<input type="checkbox"/>
Summary of Fundraising Functions – Form Sm-F	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising Function – Form S-F	<input type="checkbox"/>	<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) <i>2017/07/18</i>
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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

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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 Donald N.S. Wilson

Total value of political contributions from all sources (from box E on form Sm-C) \$ 200

Total transfers received (from box A on form S-T-Rcv) \$ 250

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) \$ 450 **A**

Total value of election expenses subject to limits (from box A on form Sm-E) \$ 150.08

Total value of election expenses not subject to limits (from box B on form Sm-E) \$ 250.00

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

Total transfers given (from box A on form S-T-Giv) \$ ~~40.92~~

Total Expenditures (sum of above boxes) \$ 400.08 **B**

For Candidates Only

Balance in campaign account as of date of report \$ 0.00 **C**



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SUMMARY OF EXPENSES

Sm-E
(15/08)

NAME OF FILING ENTITY

Election Expenses

Election Expenses Subject to Limits

Election Expenses Not Subject to Limits

Other Expenses

Accounting and audit services	/ \$0		
Bank charges	/		
Candidate's nomination deposit	\$250	\$250	
Convention, workshop and meeting fees and rentals	/		
Data processing / information technology	/		
Donations and gifts	/		
Excess nomination expenses (from box D, form Sm-E-NC)	/		
Furniture and equipment	/		
Insurance	/		
Interest expense	/		
Media advertising	\$150.08		
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)	/		
Postage and courier	/		
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)	/		
Total cost of fundraising functions held outside the campaign period (from box G, form Sm-F)	/		
Total net losses of fundraising functions which incurred net losses during the campaign period (from box H, form Sm-F)	/		
Other expenses (describe)	/		

Total Expenses

150.08

A

250

B

0

C

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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 Donald N.S. Wilson

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

	Contributions greater than \$250		Contributions of \$250 or less	
Individuals	/	1a	\$200	1b
Corporations	/	2a	/	2b
Unincorporated Business / Commercial Organizations	/	3a	/	3b
Trade Unions	/	4a	/	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 B

Classified totals (A + B) C

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

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



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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

NAME OF FILING ENTITY 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**

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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

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

S-Ax
(15/09)

NAME OF FILING ENTITY

PAGE
OF

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

TOTAL A

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PERSONAL EXPENSES PAID BY FINANCIAL AGENT

Sm-PE1
(15/06)

(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 Donald N.S. Wilson

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

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		Donald N.S. Wilson	
Paid by the Candidate or Contestant			
A. Transportation to, from or within electoral district	Air travel	0	
	Bus, taxi	0	
	Rental vehicle	0	
	Private vehicle	/	
	Other (describe)	/	
	Total	0	A
B. Cost of lodging, meals and incidental expenses while travelling	Hotel, motel	/	
	Meals	/	
	Incidental expenses (describe)	/	
	Total	0	B
C. Cost of renting a necessary temporary residence	Rent	0	C
D. All other necessary personal expenses related to campaign or contest	Family care	0	
	Disability expenses	0	
	Total	0	D
E. Total personal expenses paid by candidate or contestant	Total of items A to D	0	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		
NONE	Number of fundraising functions held	<input style="width: 100%;" type="text"/>
Total gross fundraising function income (sum of boxes M on all S-F forms)		<input style="width: 80%;" type="text"/> A
Total cost of fundraising functions (sum of boxes N on all S-F forms)		<input style="width: 80%;" type="text"/> B
Total net income (or loss) from fundraising functions (A - B)		<input style="width: 80%;" type="text"/> C
Total amount of gross income reported as political contributions (sum of boxes G on all S-F forms)		<input style="width: 80%;" type="text"/> D
Total amount of gross income NOT reported as political contributions (sum of boxes L on all S-F forms)		<input style="width: 80%;" type="text"/> 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: 80%;" type="text"/> F
	Total cost of fundraising functions held outside the campaign period	<input style="width: 80%;" type="text"/> G
	Total net losses of fundraising functions which incurred net losses during the campaign period	<input style="width: 80%;" type="text"/> 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
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				
	Number of Tickets Sold	Charge per Ticket	Total Charges Collected	Tick if Charge per Ticket Varies
Purchases by organizations	<input type="text"/>	<input type="text"/>	<input type="text"/> A	<input type="text"/>
Purchases by individuals of more than \$250 worth of tickets	<input type="text"/>	<input type="text"/>	<input type="text"/> B	<input type="text"/>
Purchases by individuals of tickets that are more than \$50 each	<input type="text"/>	<input type="text"/>	<input type="text"/> C	<input type="text"/>
Other gross income reported as contributions including anonymous contributions (provide full details)				
<input type="text"/>			<input type="text"/> D	
<input type="text"/>			<input type="text"/> E	
<input type="text"/>			<input type="text"/> F	
Total gross income reported as political contributions (A + B + C + D + E + F)				<input type="text"/> 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	<input type="text"/>	<input type="text"/>	<input type="text"/> H	<input type="text"/>
Other gross income not reported as contributions (provide full details)				
<input type="text"/>			<input type="text"/> I	
<input type="text"/>			<input type="text"/> J	
<input type="text"/>			<input type="text"/> K	
Total gross income not reported as political contributions (H + I + J + K)				<input type="text"/> L
Total gross income (G + L)				<input type="text"/> M
Total cost of function				<input type="text"/> N
Net income (loss) (box M-N)				<input type="text"/> O



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LOANS AND GUARANTEES

S-L1
(15/06)

NAME OF FILING ENTITY

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) \$								
										TOTAL	D	E											TOTAL	F

* CLASS OF CONTRIBUTOR:
1 - INDIVIDUAL, 2 - CORPORATION, 3 - UNINCORPORATED BUSINESS/COMMERCIAL ORGANIZATION,
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LOANS AND DEBTS FORGIVEN OR WRITTEN OFF

S-L2
(15/09)

NAME OF FILING ENTITY 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,
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TRANSFERS RECEIVED

S-T-Rcv
(15/06)

NAME OF FILING ENTITY
Donald N.S. Wilson

PAGE *1*
OF *1*

DATE OF TRANSFER (YYYY/MM/DD)	NAME OF ENTITY TRANSFERRING MONEY, GOODS OR SERVICES	VALUE OF TRANSFER
<i>2017/04/17</i>	<i>LIBERTARIAN PARTY OF BRITISH COLUMBIA</i>	<i>\$250.00</i>
TOTAL		A <i>\$250.00</i>

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TRANSFERS GIVEN

S-T-Giv
(15/06)

NAME OF FILING ENTITY
Donald N.S. Wilson

PAGE
OF

DATE OF TRANSFER (YYYY/MM/DD)	NAME OF ENTITY RECEIVING MONEY, GOODS OR SERVICES	VALUE OF TRANSFER
<i>2017/07/18</i>	<i>Libertarian party of British Columbia</i>	<i>\$40.92</i>
TOTAL		A <i>40.92</i>

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