

ELECTION FINANCING REPORT

POLITICAL PARTY

F-P
(15/09)

Amendment # _____

REGISTERED POLITICAL PARTY BC Coedie Party		GENERAL VOTING DAY (YYYY / MM / DD) 2017/08/09	
FINANCIAL AGENT'S LAST NAME Gibson	FIRST NAME Trey	MIDDLE NAME(S) William	
FINANCIAL AGENT'S MAILING ADDRESS 3620 Devon Rd.			
CITY / TOWN Port Coquitlam	POSTAL CODE V3E 1Z61	PHONE NO. 6049704588	FAX NO.
EMAIL tbillygo@bccoedieparty.org			

This financing report includes the following forms:

		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"/>
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"/>

I, the Financial Agent, declare that:

- (a) I am authorized to act on behalf of the above-named organization;
- (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)

2017/08/03

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

This form is 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

BC Green Party

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)

151.53

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)

151.53 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

BC Cosmetic Party

Election Expenses

Election Expenses Subject to Limits

Election Expenses Not Subject to Limits

Other Expenses

Accounting and audit services			
Bank charges	<i>2.00</i>		
Candidate's nomination deposit			
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	<i>149.53</i>		
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

151.53

A

—

B

—

C



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SUMMARY OF POLITICAL CONTRIBUTIONS BY CLASS

Sm-C
(15/07)

If form is for Nomination Contestant, please tick ☐

NAME OF FILING ENTITY

BC-Correalie Party

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

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



S-A1
(15/06)

NAME OF FILING ENTITY

PAGE

OF

* CLASS OF CONTRIBUTOR:
1 - INDIVIDUAL, 2 - CORPORATION, 3 - UNINCORPORATED BUSINESS/COMMERCIAL ORGANIZATION,
4 - TRADE UNION, 5 - NON-PROFIT ORGANIZATION, 6 - OTHER

A


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S-A2
(15/06)

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



S-Ax
(15/09)

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OF

TOTAL	A	_____
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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

BC Co-reedie Party

Number of fundraising functions held

—

Total gross fundraising function income (sum of boxes M on all S-F forms)

—

A

Total cost of fundraising functions (sum of boxes N on all S-F forms)

—

B

Total net income (or loss) from fundraising functions (A – B)

—

C

Total amount of gross income reported as political contributions
(sum of boxes G on all S-F forms)

—

D

Total amount of gross income NOT reported as political contributions
(sum of boxes L on all S-F forms)

—

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

—

F

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

—

H

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S-L1
(15/06)

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* CLASS OF CONTRIBUTOR:
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4 - TRADE UNION, 5 - NON-PROFIT ORGANIZATION, 6 - OTHER

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S-L2
(15/09)

OF

BC Caroline Parker

*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
BC Co-ordinated Party

PAGE *1*
OF *1*

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

TRANSFERS GIVEN

S-T-Giv
(15/06)

NAME OF FILING ENTITY

BC Co-ordinated Party

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OF

1

DATE OF TRANSFER (YYYY/MM/DD)	NAME OF ENTITY RECEIVING MONEY, GOODS OR SERVICES	VALUE OF TRANSFER
<i>Aug 1 / 2017</i>	<i>Billy Gibbens Election Campaign Bank Acct. Closure</i>	<i>19.10</i>
TOTAL		<i>19.10</i>