



ELECTIONS BC
A non-partisan Office of the Legislature

ELECTION FINANCING REPORT

POLITICAL PARTY

F-P
(15/09)

Amendment # _____

REGISTERED POLITICAL PARTY BC Cascade 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 Deurn Rd.			
CITY / TOWN Port Courten	POSTAL CODE V3E 3E1	PHONE NO. 6049704588	FAX NO.
EMAIL tbillygo@bccascadeparty.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) 2017/08/09
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WARNING: Signing a false statement is a serious offence and is subject to significant penalties.

This form is available for public inspection.

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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 Conservative 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 Cascade Party

Election Expenses

Election Expenses Subject to Limits

Election Expenses Not Subject to Limits

Other Expenses

Accounting and audit services

Bank charges

2.00

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

149.53

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 Green Party

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

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



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

BC Cascadia Ports

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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			
							TOTAL OF INDIVIDUAL CONTRIBUTIONS	A	

* 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-A2
(15/06)

NAME OF FILING ENTITY

BC Cascade Point

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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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S-Ax
(15/09)

BC cardiac Party

QF

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 Corecelic Party

Number of fundraising functions held

1

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

100000 **A**

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

10000 **B**

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

90000 **C**

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

100000 **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

10000 **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 ☐

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OF

NAME OF FILING ENTITY

BC Green Party

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="checkbox"/>
Purchases by individuals of more than \$250 worth of tickets	<input type="text"/>	<input type="text"/>	<input type="text"/>	B	<input type="checkbox"/>
Purchases by individuals of tickets that are more than \$50 each	<input type="text"/>	<input type="text"/>	<input type="text"/>	C	<input type="checkbox"/>

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)

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="checkbox"/>

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)

L

Total gross income (G + L)

M

Total cost of function

N

Net income (loss) (box M - N)

O

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PLEASE KEEP A COPY FOR YOUR RECORDS



S-L1
(15/06)

PAGE

OF

*CLASS OF CONTRIBUTOR:
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S-L2
(15/09)

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TRANSFERS RECEIVED

S-T-Rcv
(15/06)

NAME OF FILING ENTITY

BC Cascade 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>



S-T-Giv
(15/06)

NAME OF FILING ENTITY
BC Cascoia Parts

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OF

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TRANSFERS GIVEN

S-T-Giv
(15/06)

SEE APPENDIX

NAME OF FILING ENTITY

BC Cascadia Ports

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

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