



FINANCING REPORT
INITIATIVE

THIS IS AN AMENDED FORM
IT HAS NOT BEEN AUDITED

F-1
(16/03)

ELECTIONS BC
A non-partisan Office of the Legislature

Amendment # 01

FULL NAME OF AUTHORIZED PARTICIPANT ION DELSOL MORUZO		<input checked="" type="checkbox"/> PETITION		<input type="checkbox"/> VOTE		<input checked="" type="checkbox"/> PROPONENT		<input type="checkbox"/> OPPONENT	
TITLE OF INITIATIVE Initiative to cancel The Site C Dam									
FINANCIAL AGENT'S LAST NAME ION DELSOL MORUZO			FIRST NAME			MIDDLE NAME(S)			
FINANCIAL AGENT'S MAILING ADDRESS 10101 Victoria Rd.									
CITY / TOWN Chakravus		PROVINCE BC	POSTAL CODE V0R 1K2		PHONE NO. 778 557 7716		FAX NO. —		
ADDRESS WHERE RECORDS ARE MAINTAINED (If different from address above) V0R 1K2					CITY / TOWN		POSTAL CODE		
EMAIL ion.delsol@gmail.com									

This financing report includes the following forms:

		FORMS CHECKLIST
		X
Statement of Income and Expenses –	Form St-I&E-R	<input checked="" type="checkbox"/>
Summary of Expenses –	Form Sm-E-R	<input checked="" type="checkbox"/>
Summary of Contributions by Class –	Form Sm-C-R	<input checked="" type="checkbox"/>
Contributions of Money / Property / Services over \$250 –	Form S-A1-R	<input type="checkbox"/>
Permitted Anonymous Contributions Accepted at Functions –	Form S-A2-R	<input type="checkbox"/>
Prohibited Contributions –	Form S-Ax-R	<input type="checkbox"/>
Summary of Fundraising Functions –	Form Sm-F-R	<input type="checkbox"/>
Fundraising Function –	Form S-F-R	<input type="checkbox"/>
Loans and Guarantees –	Form S-L1-R	<input type="checkbox"/>
Loans / Debts Forgiven / Written Off –	Form S-L2-R	<input type="checkbox"/>

I, the Financial Agent, declare that:

- (a) I am authorized to act on behalf of the above-named participant;
- (b) This report and appropriate forms have been prepared in accordance with the *Recall and Initiative 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 Ion Delsol Moruzo	DATE (YYYY / MM / DD) 2018 10 - 05
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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 INCOME AND EXPENSES

St-I&E-R
(16/03)

NAME OF FILING ENTITY

ION DELSOL MOVES

Total value of contributions from all sources (from box E on Sm-C-R)

192

Interest income

0

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

0

Other income (describe)

Total Income (sum of above 4 boxes)

192

A

Total value of recall or initiative expenses subject to limits (from box A on Sm-E-R)

142

Total value of recall or initiative expenses not subject to limits (from box B on Sm-E-R)

50

Total other expenses (from box C on Sm-E-R)

0

Total Expenditures (sum of above 3 boxes)

192

B

Surplus (Deficit) (A - B)

0

C



SUMMARY OF EXPENSES

Sm-E-R
(16/03)

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NAME OF FILING ENTITY

ION DELSOL MOVUSD.

Expenses	Recall or Initiative Expenses Subject to Limits	Recall or Initiative Expenses Not Subject to Limits	Other Expenses
Accounting and audit services			
Bank charges			
Convention, workshop and meeting fees and rentals			
Data processing/information technology			
Donations and gifts			
Fees charged by Chief Electoral Officer		5000	
Furniture and equipment			
Insurance			
Interest expense			
Media advertising			
Newsletters and promotional material (signs, brochures, etc.)			
Office rent, utilities and maintenance			
Office supplies, stationery			
Personal expenses of authorized participant (from box G, Sm-PE1-R)			
Postage and courier	142		
Printing of petition sheets			
Professional services			
Research and polling			
Salaries and benefits			
Social functions/thank-you parties			
Telecommunications			
Travel			
Total cost of fundraising functions held during the petition or vote period which did not incur net losses (from box F, Sm-F-R)			
Total cost of fundraising functions held outside the petition or vote period (from box G, Sm-F-R)			
Total net losses of fundraising functions which incurred net losses during the petition or vote period (from box H, Sm-F-R)			
Other expenses (describe)			
Total Expenses	142 A	50 B	0 C



SUMMARY OF CONTRIBUTIONS BY CLASS

Sm-C-R
(16/03)

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NAME OF FILING ENTITY

ION DEL SOL MOVISO.

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

	Contributions greater than \$250		Contributions of \$250 or less	
Individuals		1a	192	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-R) A 192 B

Classified totals
(A + B) 192 C

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

Total value of all contributions from all sources
(C + D) 192 E

Total contributions of money 192 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