



ELECTIONS BC
A non-partisan Office of the Legislature

DEREGISTRATION FINANCIAL REPORT
CONSTITUENCY ASSOCIATION

F-CA(D)
(17/12)

For Period 2018/01/01 to 2018/7/26
YYYY/MM/DD YYYY/MM/DD


Amendment # _____

CONSTITUENCY ASSOCIATION <u>Abbotsford South</u>			
POLITICAL PARTY/INDEPENDENT MLA <u>BC NDP</u>			
FINANCIAL AGENT'S LAST NAME <u>Dillon</u>		FIRST NAME <u>Randal</u>	MIDDLE NAME(S) <u>Alexander</u>
FINANCIAL AGENT'S MAILING ADDRESS <u>33380 Wren Cres</u>			
CITY/TOWN <u>Abbotsford</u>		POSTAL CODE <u>V2S 1S W 1</u>	PHONE NO. <u>604-866-0609</u>
FAX NO.		EMAIL <u>randknorton@telus.net</u>	

This financial report includes the following forms: FORMS CHECKLIST **X**

These forms must be included in all reports.	Statement of Assets and Liabilities	Form St-A&L	<input type="checkbox"/>
	Statement of Income and Expenses	Form St-I&E	<input type="checkbox"/>
These forms only need to be filed if there is information to report.	Summary of Political Contributions	Form Sm-C	<input type="checkbox"/>
	Political Contributions of Money/Property/Services over \$250	Form S-A1	<input type="checkbox"/>
	Permitted Anonymous Contributions Accepted at Functions	Form S-A2	<input type="checkbox"/>
	Prohibited Contributions	Form S-Ax	<input type="checkbox"/>
	Summary of Fundraising Functions	Form Sm-F	<input type="checkbox"/>
	Fundraising Function	Form S-F	<input type="checkbox"/>
	Loans and Guarantees	Form S-L	<input type="checkbox"/>
Transfers Received and Given	Form S-TRF	<input 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 report is complete and accurate.

SIGNATURE OF FINANCIAL AGENT 	DATE (YYYY / MM / DD) <u>2019/01/11</u>
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WARNING: Signing a false statement is a serious offence and is subject to significant penalties.



STATEMENT OF ASSETS AND LIABILITIES

St-A&L
(15/06)

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AS OF DATE (YYYY / MM / DD)

2019/01/11

NAME OF FILING ENTITY

Abh

Current Assets

Cash on hand

Cash on deposit

Accounts receivable

Bonds, stocks, other investments

Inventory

Other (describe)

Total Current Assets

Fixed Assets

Investments

Furniture and fixtures

(less accumulated amortization)

Office equipment

(less accumulated amortization)

Land and buildings

(less accumulated amortization)

Other (describe)

(less accumulated amortization)

Total Fixed Assets

Total Assets

A

Current Liabilities

Accounts payable

Wages, salaries payable

Loans payable

Other (describe)

Total Current Liabilities

Long-term Liabilities

Loans payable

Other (describe)

Total Long-term Liabilities

Total Liabilities

B

Accumulated Surplus (Deficit) (A - B)

C

STATEMENT OF INCOME AND EXPENSES

NAME OF FILING ENTITY

Abbotsford South BC NDP

Income:

Total political contributions (box D, Sm-C)		
Gross fundraising income not reported as political contributions (box E, Sm-F)		
Total transfers received (box A, S-TRF)		
Interest/investment income	<i>306</i>	
Product sales		
Advertising income		
Rental income		
Reimbursement of election expenses		
Annual allowance		

Other income (describe)

Total Income *306* **A**

Expenses:

Accounting and audit services		
Amortization expense		
Bad debt expense		
Bank charges		
Convention, workshop and meeting fees and rentals		
Donations and gifts		
Furniture and equipment		
Insurance		
Interest expense		
Media advertising		
Newsletter and promotional materials (signs, brochures, etc.)		
Office rent, utilities and maintenance		
Office supplies, stationery		
Postage and courier		
Professional services		
Research and polling		
Salaries and benefits		
Social functions /thank-you parties		
Subscriptions and dues		
Telecommunications/information technology		
Travel		
Total cost of fundraising functions (box B, Sm-F)		
Total transfers given (box B, S-TRF)		

Other expenses (describe)

Total Expenses **B**

Period Surplus (Deficit) (A - B) *306* **C**



SUMMARY OF POLITICAL CONTRIBUTIONS

Sm-C
(17/12)

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If form is for Nomination Contestant, please tick

NAME OF FILING ENTITY

Contributions must be accepted by from eligible individuals.

	Number of contributors	Value of contributions (\$)	
Contributions greater than \$250			A
Contributions of \$250 or less			B
Anonymous contributions (box A, S-A2)			C
Total value of political contributions from all sources (A + B + C)			D
Total contributions of money			E
Total contributions of goods and services			F
			(boxes E and F must equal box D)
Total dollar amount of income tax receipts issued (Leadership contestants cannot issue tax receipts)	\$		G

POLITICAL CONTRIBUTIONS WITH A TOTAL VALUE GREATER THAN \$250

If form is for Nomination Contestant, please tick

NAME OF FILING ENTITY PAGE

OF

FULL NAME OF CONTRIBUTOR	CONTRIBUTOR'S RESIDENTIAL ADDRESS				INDIVIDUAL CONTRIBUTION AMOUNT	DATE RECEIVED (YYYY/MM/DD)	TYPE*	FOR TYPES 1-5, DATE OF EVENT (YYYY/MM/DD)	TOTAL OF CONTRIBUTOR'S CONTRIBUTIONS
	ADDRESS	CITY	PROV.	POSTAL CODE					

* TYPE OF CONTRIBUTION: 1 – Fundraising function ticket sold for more than \$250, 2 – Property/services purchased for more than \$250 above market value at a fundraising function, 3 – Property/services with a value greater than \$250 donated for sale at a fundraising function, 4 – Fees to attend a convention (political parties only), 5 – Fees to attend a leadership convention (political parties only), 6 – All other contributions received

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

This form is available for public inspection.
PLEASE KEEP A COPY FOR YOUR RECORDS.

This information is collected under the authority of the *Election Act* and the *Freedom of Information and Protection of Privacy Act*.
The information will be used to administer provisions under the *Election Act*. Questions can be directed to: **Privacy Officer**,
Elections BC 1-800-661-8683 privacy@elections.bc.ca or PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6



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PROHIBITED CONTRIBUTIONS

NAME OF FILING ENTITY

PAGE
OF

DATE RECEIVED (YYYY/MM/DD)	CIRCUMSTANCES	AMOUNT	DATE RETURNED (YYYY/MM/DD)	OR	DATE REMITTED TO ELECTIONS BC (YYYY/MM/DD)

TOTAL A

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SUMMARY OF FUNDRAISING FUNCTIONS

(Total amounts from all forms S-F)

Sm-F
(17/12)

If form is for Nomination Contestant, please tick

NAME OF FILING ENTITY	
Number of fundraising functions held	<input style="width: 100px; height: 20px;" type="text"/>
Total gross fundraising function income (sum of boxes L on all S-F forms)	<input style="width: 100px; height: 20px;" type="text"/> A
Total cost of fundraising functions (sum of boxes M on all S-F forms)	<input style="width: 100px; height: 20px;" type="text"/> B
Total net income (or loss) from fundraising functions (A - B)	<input style="width: 100px; height: 20px;" type="text"/> C
Total amount of gross income reported as political contributions (sum of boxes F on all S-F forms)	
Total amount of gross income NOT reported as political contributions (sum of boxes K on all S-F forms)	<input style="width: 100px; height: 20px;" type="text"/> E
<small>(boxes D + E must equal box A)</small>	
For election financing reports only	
Total cost of fundraising functions held during the campaign period	<input style="width: 100px; height: 20px;" type="text"/> F
Total cost of fundraising functions held outside the campaign period	<input style="width: 100px; height: 20px;" type="text"/> G
Total net losses of fundraising functions which incurred net losses during the campaign period	<input style="width: 100px; height: 20px;" type="text"/> H
For leadership contestant financing reports only	
Total net losses of fundraising functions which incurred net losses	<input style="width: 100px; height: 20px;" type="text"/> I



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FUNDRAISING FUNCTION

(Submit a separate form for each function held)

S-F
(18/01)

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)

If event is a specified fundraising function, tick box and attach Spec-FF form.

Gross income reported as political contributions

	Number of Tickets Sold	Charge per Ticket		Total Charges Collected	Tick if Charge per Ticket Varies
Purchases by eligible individuals of a single ticket for more than \$50				A	
Purchases by eligible individuals of more than one ticket				B	

Other gross income reported as contributions, including anonymous contributions (provide full details)

		C
		D
		E

Total gross income reported as political contributions (A + B + C + D + E) F

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 eligible individuals of a single ticket for \$50 or less				G	

Other gross income not reported as contributions (provide full details)

		H
		I
		J

Total gross income not reported as political contributions (G + H + I + J) K

Total gross income (F + K) L

Total cost of function M

Net income (loss) (L - M) N



PERMISSIBLE LOAN OR GUARANTEE

(Submit a separate form for each loan or guarantee)

NAME OF FILING ENTITY							
Please indicate: LOAN <input type="checkbox"/> GUARANTEE <input type="checkbox"/>							
NAME OF SAVINGS INSTITUTION MAKING LOAN OR GUARANTEE							
DATE RECEIVED (YYYY/MM/DD)	DATE DUE (YYYY/MM/DD)						
ORIGINAL AMOUNT \$	PRIME INTEREST RATE %						
AMOUNT OUTSTANDING \$	INTEREST RATE %						
<p>Complete dates only if applicable:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; text-align: right; vertical-align: top;">Default on loan</td> <td style="border: 1px solid black; padding: 5px;">DATE (YYYY/MM/DD)</td> </tr> <tr> <td style="text-align: right; vertical-align: top;">Call on guarantee for loan</td> <td style="border: 1px solid black; padding: 5px;">DATE (YYYY/MM/DD)</td> </tr> <tr> <td style="text-align: right; vertical-align: top;">Non-compliance date with terms and conditions</td> <td style="border: 1px solid black; padding: 5px;">DATE (YYYY/MM/DD)</td> </tr> </table>		Default on loan	DATE (YYYY/MM/DD)	Call on guarantee for loan	DATE (YYYY/MM/DD)	Non-compliance date with terms and conditions	DATE (YYYY/MM/DD)
Default on loan	DATE (YYYY/MM/DD)						
Call on guarantee for loan	DATE (YYYY/MM/DD)						
Non-compliance date with terms and conditions	DATE (YYYY/MM/DD)						



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TRANSFERS RECEIVED AND GIVEN

S-TRF
(17/12)

NAME OF FILING ENTITY

PAGE
OF

DATE OF TRANSFER (YYYY/MM/DD)	NAME OF ENTITY TRANSFER WAS RECEIVED FROM OR GIVEN TO	VALUE OF TRANSFER RECEIVED	VALUE OF TRANSFER GIVEN
TOTAL		A	B

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