



ELECTIONS BC
A non-partisan Office of the Legislature

DEREGISTRATION FINANCIAL REPORT

POLITICAL PARTY

F-P(D)
(17/12)

For Period 2019/01/01 to 2019/10/23
YYYY/MM/DD YYYY/MM/DD

Amendment # _____

REGISTERED POLITICAL PARTY			
BC MARIJUANA PARTY			
FINANCIAL AGENT'S LAST NAME		FIRST NAME	MIDDLE NAME(S)
WILLIAMS		TIA	-
FINANCIAL AGENT'S MAILING ADDRESS			
307 WEST HASTINGS STREET			
CITY / TOWN	POSTAL CODE	PHONE NO.	FAX NO.
VANCOUVER	V6B 1H6	604 669 9069	NA
EMAIL			
ACCOUNTS@CANNABIS CULTURE.COM			

This financial report includes the following forms: FORMS CHECKLIST

<p>These forms must be included in all reports.</p>	Statement of Assets and Liabilities	Form St-A&L	<input checked="" type="checkbox"/>
	Statement of Income and Expenses	Form St-I&E	<input checked="" type="checkbox"/>
<p>These forms only need to be filed if there is information to report.</p>	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"/>
	Combined Contributions to Political Party, Constituency Association, etc.	Form S-A1-A	<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)
	2019 / 11 / 30

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

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



STATEMENT OF ASSETS AND LIABILITIES

St-A&L
(15/06)

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AS OF DATE (YYYY / MM / DD)
2019/10/23

NAME OF FILING ENTITY
BC MARIJUANA PARTY

Current Assets	Cash on hand	<input type="text" value="0"/>
	Cash on deposit	<input type="text" value="0"/>
	Accounts receivable	<input type="text" value="0"/>
	Bonds, stocks, other investments	<input type="text" value="0"/>
	Inventory	<input type="text" value="0"/>
Other (describe)		<input type="text"/>

Total Current Assets

Fixed Assets	Investments	<input type="text" value="0"/>
	Furniture and fixtures (less accumulated amortization)	<input type="text" value="0"/>
	Office equipment (less accumulated amortization)	<input type="text" value="0"/>
	Land and buildings (less accumulated amortization)	<input type="text" value="0"/>
	Other (describe) (less accumulated amortization)	<input type="text" value="0"/>

Total Fixed Assets

Total Assets **A**

Current Liabilities	Accounts payable	<input type="text" value="0"/>
	Wages, salaries payable	<input type="text" value="0"/>
	Loans payable	<input type="text" value="0"/>
Other (describe)		<input type="text"/>

Total Current Liabilities

Long-term Liabilities	Loans payable	<input type="text" value="0"/>
Other (describe)		<input type="text" value="0"/>

Total Long-term Liabilities

Total Liabilities **B**

Accumulated Surplus (Deficit) (A - B) **C**

STATEMENT OF INCOME AND EXPENSES

NAME OF FILING ENTITY		BC MARIJUANA PARTY	
Income:	Total political contributions (box D, Sm-C)	<input type="text" value="0"/>	
	Gross fundraising income not reported as political contributions (box E, Sm-F)	<input type="text" value="0"/>	
	Total transfers received (box A, S-TRF)	<input type="text" value="0"/>	
	Interest/investment income	<input type="text" value="0"/>	
	Product sales	<input type="text" value="0"/>	
	Advertising income	<input type="text" value="0"/>	
	Rental income	<input type="text" value="0"/>	
	Reimbursement of election expenses	<input type="text" value="0"/>	
	Annual allowance	<input type="text" value="0"/>	
Other income (describe)			
	Total Income	<input type="text" value="0"/>	A
Expenses:	Accounting and audit services	<input type="text" value="0"/>	
	Amortization expense	<input type="text" value="0"/>	
	Bad debt expense	<input type="text" value="0"/>	
	Bank charges	<input type="text" value="0"/>	
	Convention, workshop and meeting fees and rentals	<input type="text" value="0"/>	
	Donations and gifts	<input type="text" value="0"/>	
	Furniture and equipment	<input type="text" value="0"/>	
	Insurance	<input type="text" value="0"/>	
	Interest expense	<input type="text" value="0"/>	
	Media advertising	<input type="text" value="0"/>	
	Newsletter and promotional materials (signs, brochures, etc.)	<input type="text" value="0"/>	
	Office rent, utilities and maintenance	<input type="text" value="0"/>	
	Office supplies, stationery	<input type="text" value="0"/>	
	Postage and courier	<input type="text" value="0"/>	
	Professional services	<input type="text" value="0"/>	
	Research and polling	<input type="text" value="0"/>	
	Salaries and benefits	<input type="text" value="0"/>	
	Social functions/thank-you parties	<input type="text" value="0"/>	
	Subscriptions and dues	<input type="text" value="0"/>	
	Telecommunications/information technology	<input type="text" value="0"/>	
	Travel	<input type="text" value="0"/>	
	Total cost of fundraising functions (box B, Sm-F)	<input type="text" value="0"/>	
	Total transfers given (box B, S-TRF)	<input type="text" value="0"/>	
Other expenses (describe)		<input type="text" value="0"/>	
	Total Expenses	<input type="text" value="0"/>	B
	Period Surplus (Deficit) (A - B)	<input type="text" value="0"/>	C



SUMMARY OF POLITICAL CONTRIBUTIONS

Sm-C
(17/12)

N/A

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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
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POLITICAL CONTRIBUTIONS WITH A TOTAL VALUE GREATER THAN \$250

If form is for Nomination Contestant, please tick

NA

NAME OF FILING ENTITY _____

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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	<input type="text"/>
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This form is available for public inspection.
 PLEASE KEEP A COPY FOR YOUR RECORDS



PERMITTED ANONYMOUS CONTRIBUTIONS ACCEPTED AT FUNCTIONS

S-A2
(15/06)

If form is for Nomination Contestant, please tick

NA

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NAME OF FILING ENTITY

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

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**COMBINED CONTRIBUTIONS TO POLITICAL PARTY
CONSTITUENCY ASSOCIATIONS AND CANDIDATES
WITH A TOTAL VALUE GREATER THAN \$250**

NA

NAME OF FILING ENTITY _____

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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 – (Political parties only) fees to attend a convention, 5 – (Political parties only) fees to attend a leadership convention, 6 – All other contributions received

TOTAL OF INDIVIDUAL CONTRIBUTIONS	A
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PROHIBITED CONTRIBUTIONS

NA

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NAME OF FILING ENTITY

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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

NA

NAME OF FILING ENTITY

Number of fundraising functions held

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

 A

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

 D

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

 E

(boxes D + E must equal box A)

For election financing reports only

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

For leadership contestant financing reports only

Total net losses of fundraising functions which incurred net losses

 I



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FUNDRAISING FUNCTION

(Submit a separate form for each function held)

S-F
(18/01)

NA

If form is for Nomination Contestant, please tick

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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



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PERMISSIBLE LOAN OR GUARANTEE

(Submit a separate form for each loan or guarantee)

NA

S-L
(18/01)

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OF

NAME OF FILING ENTITY

Please indicate: LOAN GUARANTEE

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
%

Complete dates only if applicable:

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)



TRANSFERS RECEIVED AND GIVEN

S-TRF
(17/12)

NA

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NAME OF FILING ENTITY

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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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