

SPECIFIED FUNDRAISING FUNCTION



PAGE	1	OF	1

TICK IF EVENT HELD AT PRIVATE RESIDENCE	T HELD AT PRIVATE RESIDENCE NAME OF RESIDENT* (IF HELD AT PRIVATE RESIDENCE) *Will be obscured from public frapection.		RIVATE RESIDENCE)
EVENT DESCRIPTION Sparkle and Shine		LOCATION NAME (OR ADDRESS* IF HELD AT PRIVATE RESIDENCE) ACT Arts Centre	
POLITICAL ENTITY BC NDP		EVENT DATE (YYYY/MM/DD) 2017/11/18	EVENT TIME (HH:MM) 06:30

SISSIFICIAN STATE	PART A		
THIS PART MUST BE SUBMITTED AT LEAST 7 DAYS BEFORE THE EVENT			
TICKET PRICE(S)	CE(S) \$75.00		
\$	\$		
Names of the political party members of the Executive			
Lisa Beare			
ia.	2000		
	0.00		
	*		
Add more forms if needed			
SUBMITTED BY Raj Sihota			
EMAIL raj.sihota@bcndp.ca		PHONE 604-430-8600	
SIGNATURE		DATE (YYYY/MM/DD)	
14.		2018/01/03	

	PART B	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
THIS PART MUST BE SUBMITTED WITHIN 60 DAYS AFTER THE EVENT		
# OF TICKETS SOLE	M L	19
CONTRIBUTIONS RAISED	\$ 3,8	20.00
Check if the political party leannember of the Executive Cou		
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ивміттер ву taj Sihota		
MAIL		PHONE
aj.sihota@bcndp.ca	'	604-430-8600
IGNATURE		DATE (YYYY/MM/DD)
11		2018/01/03



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			PAGE 1 OF 1
POLITICAL ENTITY	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	EVENT DATE (YYYY/MM/DD)	EVENT TIME (HH MM)
BC NDP		2017/11/18 06:30	
EVENT DESCRIPTION		LOCATION NAME (OR ADDRESS' IF HELD AT PRIVATE RESIDENCE)	
Sparkle and Shine		ACT Arts Centre	
TICK IF EVENT I	HELD AT PRIVATE RESIDENCE	NAME OF RESIDENT' (IF HELD AT PR	RIVATE RESIDENCE)
		"VAT be obscured from public Inspection.	
	PART A		PART F
	MUST BE SUBMITTED AT YS BEFORE THE EVENT		BE UBMITTED WITHIN FOR THE EVENT
TICKET PRICE(S)	\$ 75.00	# OF TICKETS SOL	47
\$	s	CONTRIBUTIONS RAISE	\$3,670.00
	y leader, parliamentary secretaries or Council scheduled to atland:	Check if the political party lea member of the Executive Con	der, parliamentary secretary of uncil attended the event:
Lisa Beare		ATTENDE	ED EVENT?
		ATTENDED EVENT?	
		ATTENDE	ED EVENT?
Add more forms if needed			
SUBMITTEO BY Raj Sihota		SUBMITTED BY Raj Sihota	
EMAIL raj.sihota bendp.ca	PHONE 604-430-8600	EMAIL raj.sihota@bcndp.ca	PHONE 604-430-8600
SIGNATURE	DATE (YYYY/MM/DD)	SIGNATURE	DATE (YYYY/MM/DD)

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