

## ELECTION FINANCING REPORT CANDIDATE

F-C (15/09)

LECTIONS in the Legislature	Amendment #
CANDIDATE'S LAST NAME  FIRST NAME  ELECTORAL DISTRICT  FINANCIAL AGENT'S LAST NAME  FINANCIAL AGENT'S MAILING ADDRESS  POSTAL CODE  PHONE NUMBER  FIRST NAME  FIRST NAME  CITY / TOWN  CRAN DIST  EMAIL ADDRESS  EMAIL ADDRESS  KYNC PAGN 1826	MIDDLE NAME(S)  FING DAY (YYYY) MMYDD)  POSOCO  MIDDLE NAME(S)  SOCOCO  SOCOCO  SOCOCO  MIDDLE NAME(S)
This financing report includes the following forms:  All Candidates:	FORMS CHECKLIST X
Statement of Election Income and Expenses — Summary of Expenses — Summary of Political Contributions by Class — Political Contributions of Money / Property / Services over \$250 — Permitted Anonymous Contributions Accepted at Functions — Prohibited Contributions — Personal Expenses Paid by Financial Agent — Personal Expenses Paid by Candidate — Summary of Fundraising Functions — Fundraising Function — Loans and Guarantees — Loans / Debts Forgiven / Written Off — Transfers Received — Transfers Given —	Form St-I&E-E  Form Sm-E  Form Sm-C  Form S-A1  Form S-A2  Form S-Ax  Form Sm-PE1  Form Sm-PE2  Form Sm-F  Form S-F  Form S-L1  Form S-L2  Form S-T-Rcv  Form S-T-Giv
Candidates Who Were Nomination Contestants:  Nomination Contestant Expenses —  Summary of Political Contributions by Class —  Political Contributions of Money / Property / Services over \$250 —  Permitted Anonymous Contributions Accepted at Functions —  Personal Expenses Paid by Financial Agent —  Personal Expenses Paid by Contestant —  Summary of Fundraising Functions —  Fundraising Function —	Form Sm-E-NC
I, the Financial Agent, declare that:  (a) I am authorized to act on behalf of the above-named candidate;  (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 a SIGNATURE OF FINANCIAL AGENT  WARNING: Signing a false statement is a serious offence and is subject to significant.	DATE (YYYY/MM/DD) 2017/03/07



## STATEMENT OF ELECTION INCOME AND EXPENSES



A non-partisan Office of the Legislature	GENERAL VOTING DAY (YYYY / MM / DD)
NAME OF FILING ENTITY RYLE M CLOX MACK	
Total value of political contributions from all sources (from box E on form Sm-C)	40
Total transfers received (from box A on form S-T-Rcv)	
Interest income	0
Total gross fundraising function income not reported as political contributions (from box E on form Sm-F)	O <sub>K</sub> .
Candidate's nomination deposit refund	#250 Have not received
Other income (describe)	O received
Total Income (sum of above boxes)	6 5 2 1
Total value of election expenses subject to limits (from box A on form Sm-E)	
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)	В
For Candidates Only  Balance in campaign account as of date of report	# D. C

## **SUMMARY OF EXPENSES**



NAME OF FILING ENTITY  KYLC MCOMMACK			
Election Expenses	Election Expenses Subject to Limits	Election Expenses Not Subject to Limits	Other Expenses
Accounting and audit services			
Bank charges			
Candidate's nomination deposit	\$250		
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			
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	\$250 A	В	



## SUMMARY OF POLITICAL CONTRIBUTIONS BY CLASS



If form is for Nomination Contestant, please tick  $\square$ 

NAME OF FILING ENTITY  AVE N'Comack				
Total value of contributions from each of the following classes of contributor:		.,,		
	Contributions greater than \$250		ributions of 50 or less	
Individuals	)	1a	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)		A -	В	
	Classified t (A	otals + B)	00	
Total	anonymous contribu (from box <b>A</b> , S		O D	
Total value of all political cont		rces + D)	0 E	
Tot	al contributions of m	oney	<i>O</i> F	
Total contributions of good (includes contributions		ebts)	+ G must equal box E)	
Number of contributors of \$\text{S}\$	s who made contribu \$250 or less in total v			
Total dollar amount of all in (Leadership Contestants o			0 1	