4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT LOCAL ELECTIONS CANDIDATE

ELECTIONS A non-partisan Office of the Legislature

Amendment #	‡	

CANDIDATE'S FULL NAME Quinn DeCourcy		GENERAL VOTING DAY (YYYY/MM/DD)
BALLOT NAME (IF DIFFERENT FROM ABOVE)		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.)
		Board of Education Trustee
MAILING ADDRESS		PHONE NO.
5. 5, C.19, R.R. #1	POSTAL CODE	250-269-7478 EMAIL (IF AVAILABLE)
	VØG 150	grinn. decourcy@sdlp.bc.ca
Edgewood	عرما العرب	gonne de courty es arjo se a
JURISDICTION		
School District # 10		
ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELECTORAL AREA (IF APPL	ICABLE)	
southern zone		
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)		
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)		
FINANCIAL AGENT'S LAST NAME FIRST NAME		MIDDLE NAME
FINANCIAL AGENT'S MAILING ADDRESS		PHONE NO.
CITY / TOWN	POSTAL CODE	EMAIL (IF AVAILABLE)
		,
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)		
If ther	e were previous financi	al agents, complete form 4236.
Tick if candidate was registered as a third party sponsor	Tick if candidate a	icted as a campalgn organizer
This disclosure statement includes the following forms:		
Declarations and Campaign Accounts — Form 4221	Summa	ry of Election Expenses – Form 4229
- 10111 4221	Oumma	ry of Election Expenses — 1 offit 4223
Statement of Income and Expenses - Form 4222	Transfers Given	to Elector Organization - Form 4230
		*dancarki
Summary of Campaign Contributions by Class - Form 4223	Other	Permissible Payments - Form 4231 🔀
01.10.10.11.11.11.11.11.11.11.11.11.11.1		(F) 1 F
Significant Contributors (\$100 or more) — Form 4224 🔀	· SI	nared Election Expense - Form 4232
Drahibited Commission Contributions Faura 1995	Transfers Dahman Car	didatah Oras Assaulta Farma 4000 Feb
Prohibited Campaign Contributions — Form 4225	Transiers Between Car	ididate's Own Accounts - Form 4233
Transfers Received from Elector Organization - Form 4226	Diehurea	ement of Surplus Funds - Form 4234
Transfers Motorived from Electric Organization — Form 4220	Diapulae	Milota of Outplus Funds - 10111 4204
Other Permissible Deposits - Form 4227	Free Adve	rtising from Jurisdiction - Form 4235
Otto: Commonitio Doponito 1 om 4221	110071040	The state of the s
Fundraising Function Ticket Sales - Form 4228	Pre	evious Financial Agents - Form 4236
		Tanana .

4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE QUIAN De Courcy	
Declaration:	
I, the undersigned, declare that to the best of my knowledge and belief, this disclosure strequired under the Local Elections Campaign Financing Act (LECFA).	statement completely and accurately discloses the information
tedanag muat ing rocal etaenous cambaila smonenii ver ferousb	
SIGNATURE OF CANDIDATE	DATE: (YYYY/MM/DD)
Li Delan	2015/01/13
DEINTED MAKE OF CANDIDATE	
Quinn De Courcy	3
SIGNATURE OF FINANCIAL AGENT	DATE: (YYYY/MM/DD)
PRINTED NAME OF FINANCIAL AGENT	
THE WHILE OF PROPERTY OF THE P	
Campaign accounts;	
NAME OF SAVINGS INSTITUTION	
ADDRESS	
NAME OF SAVINGS INSTITUTION	
ADDRESS	
NAME OF SAVINGS INSTITUTION	
ADDRESS	
NAME OF SAVINGS INSTITUTION	
ADDRESS	

4222 - STATEMENT OF INCOME AND EXPENSES LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE		
Total value of campaign contributions from all sources (from box C on form 4223)	0	
Transfers received from elector organization (from box A on form 4226)	0	
Total other permissible deposits (from box A on form 4227)	0	
Transfers from candidate's own accounts in other jurisdictions (from box A on form 4233)	0	
Total Income (sum of above boxes)	0	Α
r		- 1
Election expenses (from box A on form 4229)	0	
Transfers to elector organization (from box A on form 4230)	0]
Total other permissible payments (from box A on form 4231)	0	
Transfers to candidate's own accounts in other jurisdictions (from box B on form 4233)	0	
Amount of surplus funds disbursed (from box A on form 4234)	Ó	
Total Expenditures (sum of above boxes)	0	В

4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE DeCourcy	
	All Contributions
Individuals	
Corporations	
Unincorporated Business/Commercial Organizations	
Trade Unions	
Non-profit Organizations	
Other Identifiable Contributors	
Total	\$ O A
Anonymous contributions	\$ O B
Total contributions (A + B)	\$ O C
Total significant contributions (must equal box A on all forms 4224)	\$ 0
Total contributions of less than \$100	\$ 0
Number of contributors who gave less than \$100	# 0
Number of anonymous contributors	# 0

4224 - SIGNIFICANT CONTRIBUTORS (\$100 OR MORE) LOCAL ELECTIONS CANDIDATE



DATE OF NTRIBUTION (YY/MM/DD)	FULL NAME OF CONTRIBUTOR (For class 2, 3, 4, 5 & 6, include full names of two directors)	ADDRESS OF CONTRIBUTOR (For class 2, 3, 4, 5 & 6 only)	CLASS*	VALUE OF CONTRIBUTION
				······
				-
		Indi//		

4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE Quinn DeCo	urcy				PAGE
INSTRUCTIONS: Complete one si Attach additiona	neet for each prohibi il forms if necessary		tribution received.		
RECEIVED FROM INDIVIDUAL ORGANIZATION	DATE RECEIVED (YYYY/MM/DD)	\$ VALUE	DAYE RETURNED (YYYY/MM/DD)	OR	DAYE REMITTED TO ELECTIONS BC {YYYY/MM/DD}
☐ ANONYMOUS					
Complete this field if the prohibit			d from an Individua	<u>.</u>	
NAME OF INDIVIDUAL					
Complete these fields if the prohi	bited campaign con	tribution was recei	ved from an organi	zation:	
NAME OF ORGANIZATION			•		CLASS*
MAILING ADDRESS					
NAME OF DIRECTOR		NAME OF DIRE	CTOR		

^{*}CLASSES OF CONTRIBUTORS:

1 – INDIVIDUAL, 2 – CORPORATION, 3 – UNINCORPORATED BUSINESS/COMMERCIAL ORGANIZATION,

4 – TRADE UNION, 6 – NON-PROFIT ORGANIZATION, 6 – OTHER

4226 - TRANSFERS RECEIVED FROM ELECTOR ORGANIZATION



LOCAL ELECTIONS CANDIDATE

NAME OF CANDIDATE	DeCourcy			PAGE OF
DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VAI	LUE OF ANSFER

·				
*Also include legal name if o	different than ballot name.	TOTAL	Α (C

4227 - OTHER PERMISSIBLE DEPOSITS TO CAMPAIGN ACCOUNT



LOCAL ELECTIONS CANDIDATE
PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE	Quinn De Courcy		PAGE		
Germ	vec	ourcy		OF	
DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	А	MOUNT	
'YPE; Interest) Dividends of shares j i Surplus funds from pr	paid by credit	union on returned by jurisdiction s a campaign contribution	A	0	
Fundrelsing income relation Other (describe)	not reported as	s a campaign contribution			

4228 - FUNDRAISING FUNCTION TICKET SALES

LOCAL ELECTIONS CANDIDATE





a) . (a	ELECTIONS A non-partisan Office of the Legislature
1	A non-partisan Office of the Legislature

re of event (yyyy/mm/dd) Descriptic	ON OF FUNDRAISING EVI	ENT		
ncome reported as campalgn contributio	ons			
	Number of Tickets Sold	Charge per Ticket	Total Charges Collected	Tick if Charge per Ticket Varies
Purchases by organizations				
Purchases by individuals of more than \$250 worth of tickets • Purchases by Individuals of tickets that are more than \$50 each				
Total i	ncome reported as	campaign contribution	ns	
				an by Class
Remember to report all campaign contrib and if applicable, on form 4224 - Significa Other income not reported as campaign o	nt Contributors (\$	23 - Summary of Can 100 or more). Charge per Ticket	npalgn Contribution Total Charges Collected	Tick if Charge per Ticket Varies

4229 - SUMMARY OF ELECTION EXPENSES LOCAL ELECTIONS CANDIDATE



	Column A	Column B
ADVERTISING	Election Expenses	Election Proceedings Period Expenses
Brochures, pamphlets and flyers		
Internet		
Newspaper, magazine, journal		
Radio		
Signs and billboards		
Television		
Other advertising		
CAMPAIGN ADMINISTRATION		
Salaries and wages		
Rent, insurance and utilities		
Courier and postage		
Furniture and equipment		
Office supplies		
Professional services		
Other campaign administration expenses		
Conventions and meetings		
Other campaign related functions	-	
Research and polling		
Interest		
XCLUSIONS THAT MUST BE REPORTED		
Personal election expenses		
Interest on loans for election expenses		
Legal and accounting services		
Financial agent services		
Other expenses (describe)		
·	<u></u>	1
. Total Expenses A	6	B 0
· L_		

4230 - TRANSFERS GIVEN TO ELECTOR ORGANIZATION LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE	_			PAGE
Quinn	DeCourcy			OF
DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	V/ TR	ALUE OF RANSFER
Notes and the second se				
				-
			,	
Also include legal name if d	ifferent than ballot name.	TOTAL	Α (<u></u>

4231 - OTHER PERMISSIBLE PAYMENTS FROM CAMPAIGN ACCOUNT



LOCAL ELECTIONS CANDIDATE
PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE	្			PAGE
Coin	n ļ	De Courcy		OF
DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AN	TOUNT
,				
-				
			: :	
<u></u>			 	
				_
				· ·
, <u>.</u>				
TYPE: B – Benk fees		TOTAL	A (つ

F - Payments made for fundralsing purposes

N – Nomination deposit O – Other (describe)

4232 - SHARED ELECTION EXPENSE

LOCAL ELECTIONS CANDIDATE

PLEASE PRINT IN BLOCK LETTERS



SUBMIT A SEPARATE FORM FOR EACH SHARED ELECTION EXPENSE

NAME OF CANDIDATE Quinn De Cour	o y		PAGE OF			
DESCRIPTION OF SHARED EXPENSE						
	Total value of shared	election expense	0			
	Candidate's portion of shared e	election expense*	0			
	Amount paid directly to supplier (if applicable)					
	Amount of reimbursements given to	other candidate(s)	0			
	Amount of reimbursements received from	n other candidates	٥			
*Note: Remember to Include your portion of the shared expense as an election expense on form 4229 - Summary of Election Expenses. Full names of other candidates with whom the expense was shared:						
		MIDDLE				
Full names of other candidates with	n whom the expense was shared:					
Full names of other candidates with	n whom the expense was shared:					
Full names of other candidates with	n whom the expense was shared:					
Full names of other candidates with	n whom the expense was shared:					
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Full names of other candidates with	n whom the expense was shared:					
Full names of other candidates with	n whom the expense was shared:					
Full names of other candidates with	n whom the expense was shared:					
Full names of other candidates with	n whom the expense was shared:					

4233 - TRANSFERS BETWEEN CANDIDATE'S OWN CAMPAIGN ACCOUNTS



LOCAL ELECTIONS CANDIDATE
PLEASE PRINT IN BLOCK LETTERS

	Courcy			
isters between candidate s	s own campaign accounts in same jurisdiction		Τ	AMOUNT
	FORFOOL			
	n campaign accounts in other jurisdictions		1	`
DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)			AMOUNT
				<u></u>
		`		
				<u> </u>
		TOTAL	Α	0
sfers to candidate's own c	campaign accounts in other jurisdictions			
DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)			AMOUNT

4234 - DISBURSEMENT OF SURPLUS FUNDS LOCAL ELECTIONS CANDIDATE



ame of candidate Outing 1	Delourcy		
	Balance remaining in campaign account(s) after payment of all expenses	0	
	Total amount of campaign contributions from candidate	0	
mount reimbursed to c	andidate from campaign account for the candidate's contributions to their campaign	6	
	Date of relmbursement to candidate (YYYY/MM/DD)		
	Amount of remaining surplus funds (after any relmbursement under box C)	0	
If the amount in Box	D is \$500 or more, it must be paid to the Jurisdiction in which the candidate ran for election. Provide the date of payment (YYYY/MM/DD).		
the amount in Box I) is less than \$500 provide details of how it was disbursed. DESCRIPTION	AMOUNT	
-			

4235 - FREE ADVERTISING FROM JURISDICTION LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE Quinn DeCourcy				
Free advertising provided by jurisdiction				
DATE ADVERTISING WAS TRANSMITTED (YYYY/MM/DD)	JURISDICTION	MEANS OF TRANSMISSION (WEBSITE, FLYER, ETC.)		
		M		

4236 - PREVIOUS FINANCIAL AGENTS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE					
Quinn DeCourcy					
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)		tivi (la)	the sign		
FINANCIAL AGENT'S LAST NAME	FIRST NAME		MIDDLE NAME		
FINANCIAL AGENT MAILING ADDRESS			PHONE NO.		
CITY/TOWN		POSTAL CODE	EMAIL (IF AVAILABLE)		
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)					
FINANCIAL AGENT'S LAST NAME	FIRST NAME		MIDDLE NAME		
FINANCIAL AGENT MAILING ADDRESS			PHONE NO.		
CITY/TOWN	• • • • • • • • • • • • • • • • • • • •	POSTAL CODE	EMAIL (IF AVAILABLE)		
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)					
FINANCIAL AGENT'S LAST NAME	FIRST NAME		MIDDLE NAME		
FINANCIAL AGENT MAILING ADDRESS			PHONE NO.		
CITY/TOWN		POSTAL CODE	EMAIL (IF AVAILABLE)		
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)					
FINANCIAL AGENT'S LAST NAME	FIRST NAME		MIDDLE NAME		
FINANCIAL AGENT MAILING ADDRESS			PHONE NO.		
CITY/TOWN		POSTAL CODE	EMAIL (IF AVAILABLE)		
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