

4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT**LOCAL ELECTIONS CANDIDATE**

PLEASE PRINT IN BLOCK LETTERS

Amendment # _____

CANDIDATE'S FULL NAME Quinn DeCourcy		GENERAL VOTING DAY (YYYY/MM/DD) 2014/11/15	
BALLOT NAME (IF DIFFERENT FROM ABOVE)		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) Board of Education Trustee	
MAILING ADDRESS S. 5, C.19, R.R. #1		PHONE NO. 250-269-7478	
CITY/TOWN Edgewood	POSTAL CODE V6G 1J5	EMAIL (IF AVAILABLE) quinn.decourcy@sd10.bc.ca	
JURISDICTION School District #10			
ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELECTORAL AREA (IF APPLICABLE) southern zone			
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)			
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)			
FINANCIAL AGENT'S LAST NAME		FINANCIAL AGENT'S FIRST NAME	
		FINANCIAL AGENT'S MIDDLE NAME	
FINANCIAL AGENT'S MAILING ADDRESS		PHONE NO.	
CITY/TOWN	POSTAL CODE	EMAIL (IF AVAILABLE)	
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)		If there were previous financial agents, complete form 4236.	

☐ Tick If candidate was registered as a third party sponsor

☐ Tick If candidate acted as a campaign organizer

This disclosure statement includes the following forms:

Declarations and Campaign Accounts -- Form 4221 ☒Summary of Election Expenses -- Form 4229 ☒Statement of Income and Expenses -- Form 4222 ☒Transfers Given to Elector Organization -- Form 4230 ☒Summary of Campaign Contributions by Class -- Form 4223 ☒Other Permissible Payments -- Form 4231 ☒Significant Contributors (\$100 or more) -- Form 4224 ☒Shared Election Expense -- Form 4232 ☒Prohibited Campaign Contributions -- Form 4225 ☒Transfers Between Candidate's Own Accounts -- Form 4233 ☒Transfers Received from Elector Organization -- Form 4226 ☒Disbursement of Surplus Funds -- Form 4234 ☒Other Permissible Deposits -- Form 4227 ☒Free Advertising from Jurisdiction -- Form 4235 ☒Fundraising Function Ticket Sales -- Form 4228 ☒Previous Financial Agents -- Form 4236 ☒

4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT**LOCAL ELECTIONS CANDIDATE****ELECTIONS**

A non-partisan Office of the Legislature

PLEASE PRINT IN BLOCK LETTERS

SEE AMENDMENT

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 S. 5, C. 19, R.R. #1		PHONE NO. 250-269-7478	
CITY / TOWN Edgewood	POSTAL CODE V0G 1J50	EMAIL (IF AVAILABLE) quinn.decourcy@sd110.bc.ca	
JURISDICTION School District #10			
ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELECTORAL AREA (IF APPLICABLE) 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 there were previous financial agents, complete form 4236.	

☐ Tick if candidate was registered as a third party sponsor

☐ Tick if candidate acted as a campaign organizer

This disclosure statement includes the following forms:

Declarations and Campaign Accounts – Form 4221 <input checked="" type="checkbox"/>	Summary of Election Expenses – Form 4229 <input checked="" type="checkbox"/>
Statement of Income and Expenses – Form 4222 <input checked="" type="checkbox"/>	Transfers Given to Elector Organization – Form 4230 <input checked="" type="checkbox"/>
Summary of Campaign Contributions by Class – Form 4223 <input checked="" type="checkbox"/>	Other Permissible Payments – Form 4231 <input checked="" type="checkbox"/>
Significant Contributors (\$100 or more) – Form 4224 <input checked="" type="checkbox"/>	Shared Election Expense – Form 4232 <input checked="" type="checkbox"/>
Prohibited Campaign Contributions – Form 4225 <input checked="" type="checkbox"/>	Transfers Between Candidate's Own Accounts – Form 4233 <input checked="" type="checkbox"/>
Transfers Received from Elector Organization – Form 4226 <input checked="" type="checkbox"/>	Disbursement of Surplus Funds – Form 4234 <input checked="" type="checkbox"/>
Other Permissible Deposits – Form 4227 <input checked="" type="checkbox"/>	Free Advertising from Jurisdiction – Form 4235 <input checked="" type="checkbox"/>
Fundraising Function Ticket Sales – Form 4228 <input checked="" type="checkbox"/>	Previous Financial Agents – Form 4236 <input checked="" type="checkbox"/>

4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS**LOCAL ELECTIONS CANDIDATE**

PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

Quinn DeCourcy

Declaration:

I, the undersigned, declare that to the best of my knowledge and belief, this disclosure statement completely and accurately discloses the information required under the *Local Elections Campaign Financing Act (LECFA)*.

SIGNATURE OF CANDIDATE

Quinn DeCourcy

DATE: (YYYY/MM/DD)

2015/01/13

PRINTED NAME OF CANDIDATE

Quinn DeCourcy

SIGNATURE OF FINANCIAL AGENT

DATE: (YYYY/MM/DD)

PRINTED NAME OF FINANCIAL AGENT

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**

PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

Quinn DeCourcy

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

A

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)

0

Total Expenditures (sum of above boxes)

0

B

4222 - STATEMENT OF INCOME AND EXPENSES**LOCAL ELECTIONS CANDIDATE**

PLEASE PRINT IN BLOCK LETTERS



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

A

SEE AMENDMENT

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)

0

Total Expenditures (sum of above boxes)

0

B

4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS**LOCAL ELECTIONS CANDIDATE**

PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

Oswin DeCoursey

All Contributions

Individuals

Corporations

Unincorporated Business/Commercial Organizations

Trade Unions

Non-profit Organizations

Other Identifiable Contributors

Total

\$

0

A

Anonymous contributions

\$

0

B

Total contributions (A + B)

\$

0

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

LOCAL ELECTIONS CANDIDATE

PLEASE PRINT IN BLOCK LETTERS



NAME OF CANDIDATE Quinn Delourcy PAGE 1
OF 1

[illegible]

1 -- INDIVIDUAL, 2 -- CORPORATION, 3 -- UNINCORPORATED BUSINESS/COMMERCIAL ORGANIZATION
4 -- TRADE UNION, 5 -- NON-PROFIT ORGANIZATION, 6 -- OTHER IDENTIFIABLE CONTRIBUTOR

TOTAL
CONTRIBUTIONS

A

○

4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS**LOCAL ELECTIONS CANDIDATE**

PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

Quinn DeCourcy

PAGE

OF

INSTRUCTIONS: Complete one sheet for each prohibited campaign contribution received.
Attach additional forms if necessary.

RECEIVED FROM	DATE RECEIVED (YYYY/MM/DD)	\$ VALUE	DATE RETURNED (YYYY/MM/DD)	OR	DATE REMITTED TO ELECTIONS BC (YYYY/MM/DD)
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ORGANIZATION <input type="checkbox"/> ANONYMOUS					

DESCRIPTION OF HOW THE PROHIBITED CONTRIBUTION WAS RECEIVED

Complete this field if the prohibited campaign contribution was received from an individual:

NAME OF INDIVIDUAL

Complete these fields if the prohibited campaign contribution was received from an organization:

NAME OF ORGANIZATION	CLASS*
MAILING ADDRESS	
NAME OF DIRECTOR	NAME OF DIRECTOR

* CLASSES OF CONTRIBUTORS:

1 - INDIVIDUAL, 2 - CORPORATION, 3 - UNINCORPORATED BUSINESS/COMMERCIAL ORGANIZATION,
4 - TRADE UNION, 5 - NON-PROFIT ORGANIZATION, 6 - OTHER



NAME OF CANDIDATE

PAGE

NAME OF CANDIDATE
Quinn DeCourcy

OF

[illegible]

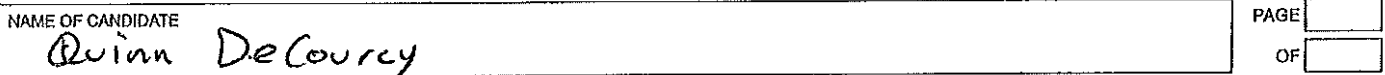
TOTAL

A

This form is available for public inspection.
ORIGINAL — ELECTIONS BC
PLEASE KEEP A COPY FOR YOUR RECORDS

This information is collected to administer the *Local Elections Campaign Financing Act*.
Questions? Contact: Privacy Officer, Elections BC
1-800-661-8683 PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6

PLEASE PRINT IN BLOCK LETTERS



*** TYPE:**
I – Interest
D – Dividends of shares paid by credit union
S – Surplus funds from previous election returned by jurisdiction
F – Fundraising income not reported as a campaign contribution
Q – Other (describe)

This information is collected to administer the *Local Elections Campaign Financing Act*.
Questions? Contact: Privacy Officer, Elections BC
1-800-661-8683 PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6

4228 - FUNDRAISING FUNCTION TICKET SALES**LOCAL ELECTIONS CANDIDATE**

PLEASE PRINT IN BLOCK LETTERS

SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD

**ELECTIONS**

A non-partisan Office of the Legislature

NAME OF CANDIDATE

Quinn DeCourcy

PAGE

OF

DATE OF EVENT (YYYY/MM/DD)

DESCRIPTION OF FUNDRAISING EVENT

Income reported as campaign contributions

	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 income reported as campaign contributions				

Remember to report all campaign contributions on form 4223 - Summary of Campaign Contributions by Class, and if applicable, on form 4224 - Significant Contributors (\$100 or more).

Other income not reported as campaign contributions

	Number of Tickets Sold	Charge per Ticket	Total Charges Collected	Tick If Charge per Ticket Varies
Purchases by individuals of tickets of \$50 or less			0	

4229 - SUMMARY OF ELECTION EXPENSES**LOCAL ELECTIONS CANDIDATE**

PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

Quinn DeCourcy

ADVERTISING**Column A****Election
Expenses****Column B****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

EXCLUSIONS THAT MUST BE REPORTED

Personal election expenses

Interest on loans for election expenses

Legal and accounting services

Financial agent services

Other expenses (describe)

Total Expenses**A**

0

B

0

Column A - Report the value of all election expenses for goods and services used in the campaign period.
The campaign period is from January 1, 2014 to November 15, 2014.

Column B - Report the value of all election expenses for goods and services used in the election proceedings period.
The election proceedings period is from September 30, 2014 to November 15, 2014.

LOCAL ELECTIONS CANDIDATE

PLEASE PRINT IN BLOCK LETTERS



NAME OF CANDIDATE Quinn DeCourcy PAGE 1
OF 1

[illegible]**TOTAL**

A

6

This form is available for public inspection.
ORIGINAL — ELECTIONS BC
PLEASE KEEP A COPY FOR YOUR RECORDS

This information is collected to administer the *Local Elections Campaign Financing Act*.
Questions? Contact: Privacy Officer, Elections BC
1-800-661-8883 PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6

**4231 - OTHER PERMISSIBLE PAYMENTS
FROM CAMPAIGN ACCOUNT
LOCAL ELECTIONS CANDIDATE**



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE <div style="font-size: 1.2em; font-family: cursive;">Quinn DeCourcy</div>	PAGE <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> OF <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div>
--	--

DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AMOUNT
TOTAL			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> A <div style="font-size: 1.5em; font-family: cursive;">0</div> </div>

***TYPE:**

- B – Bank fees
- E – Intended election expense that was not used
- F – Payments made for fundraising purposes
- N – Nomination deposit
- O – Other (describe)

This form is available for public inspection.
 ORIGINAL — ELECTIONS BC
 PLEASE KEEP A COPY FOR YOUR RECORDS

This information is collected to administer the *Local Elections Campaign Financing Act*.
 Questions? Contact: Privacy Officer, Elections BC
 1-800-661-8683 PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6

4232 - SHARED ELECTION EXPENSE**LOCAL ELECTIONS CANDIDATE**

PLEASE PRINT IN BLOCK LETTERS

SUBMIT A SEPARATE FORM FOR EACH SHARED ELECTION EXPENSE

**ELECTIONS**

A non-partisan Office of the Legislature

NAME OF CANDIDATE

Quinn De Courcy

PAGE

OF

DESCRIPTION OF SHARED EXPENSE

Total value of shared election expense

0

Candidate's portion of shared election expense*

0

Amount paid directly to supplier (if applicable)

0

Amount of reimbursements given to other candidate(s)

0

Amount of reimbursements received from other candidates

0

***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:

LAST NAME	FIRST NAME	MIDDLE NAME

**4233 - TRANSFERS BETWEEN CANDIDATE'S
OWN CAMPAIGN ACCOUNTS**
LOCAL ELECTIONS CANDIDATE

PLEASE PRINT IN BLOCK LETTERS



NAME OF CANDIDATE

Quinn DeCourcy

PAGE

OF

Transfers between candidate's own campaign accounts in same jurisdiction

PURPOSE	AMOUNT

Transfers from candidate's own campaign accounts in other jurisdictions

DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)	AMOUNT
TOTAL		A 0

Transfers to candidate's own campaign accounts in other jurisdictions

DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)	AMOUNT
TOTAL		B 0

The amounts in boxes A and B must be carried forward to form 4222.

4234 - DISBURSEMENT OF SURPLUS FUNDS**LOCAL ELECTIONS CANDIDATE**

PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

Quinn DeCourcy

Balance remaining in campaign account(s) after payment of all expenses

0

A

Total amount of campaign contributions from candidate

0

B

Amount reimbursed to candidate from campaign account for the candidate's contributions to their campaign

0

C

Date of reimbursement to candidate (YYYY/MM/DD)

Amount of remaining surplus funds (after any reimbursement under box C)

0

D

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).

If the amount in Box D is less than \$500 provide details of how it was disbursed.

DATE (YYYY/MM/DD)	DESCRIPTION	AMOUNT

LOCAL ELECTIONS CANDIDATE

PLEASE PRINT IN BLOCK LETTERS



ELECTIONS

A non-partisan Office of the Legislature

NAME OF CANDIDATE

OF CANDIDATE
Quinn DeCourcy

Free advertising provided by jurisdiction

[illegible]

4236 - PREVIOUS FINANCIAL AGENTS**LOCAL ELECTIONS CANDIDATE****ELECTIONS**

A non-partisan Office of the Legislature

PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE <i>Quinn DeCourcy</i>			
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)

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)