



# ELECTION FINANCING REPORT

## CANDIDATE

F-C  
(15/09)

**ELECTIONS**

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Amendment # \_\_\_\_\_

|  |                                     |  |   |  |
|--|-------------------------------------|--|---|--|
| CANDIDATE'S LAST NAME<br><b>MARSHALL</b>                           |                                     | FIRST NAME<br><b>WILLIAM</b>                 |   | MIDDLE NAME(S)<br><b>JOHN</b>                        |
| ELECTORAL DISTRICT<br><b>SURREY-White Rock</b>                     |                                     | POLITICAL PARTY/AFFILIATION<br><b>GREENS</b> |   | GENERAL VOTING DAY (YYYY/MM/DD)<br><b>2017/06/09</b> |
| FINANCIAL AGENT'S LAST NAME<br><b>MARSHALL</b>                     |                                     | FIRST NAME<br><b>WILLIAM</b>                 |   | MIDDLE NAME(S)<br><b>JOHN</b>                        |
| FINANCIAL AGENT'S MAILING ADDRESS<br><b>303-15213 PACIFIC AVE.</b> |                                     |  | CITY/TOWN<br><b>White Rock</b>                  |  |
| POSTAL CODE<br><b>V4B 1V28</b>                                     | PHONE NUMBER<br><b>604.565.0201</b> | FAX NUMBER                                   | EMAIL ADDRESS<br><b>BITT.MARSHALL@GMAIL.COM</b> |  |

This financing report includes the following forms:

**All Candidates:**

|   |               | FORMS CHECKLIST                     |
|---|---------------|-------------------------------------|
| Statement of Election Income and Expenses –                         | Form St-I&E-E | <input checked="" type="checkbox"/> |
| Summary of Expenses –   | Form Sm-E     | <input checked="" type="checkbox"/> |
| Summary of Political Contributions by Class –                       | Form Sm-C     | <input checked="" type="checkbox"/> |
| Political Contributions of Money / Property / Services over \$250 – | Form S-A1     | <input checked="" type="checkbox"/> |
| Permitted Anonymous Contributions Accepted at Functions –           | Form S-A2     | <input checked="" type="checkbox"/> |
| Prohibited Contributions –  | Form S-Ax     | <input checked="" type="checkbox"/> |
| Personal Expenses Paid by Financial Agent –                         | Form Sm-PE1   | <input checked="" type="checkbox"/> |
| Personal Expenses Paid by Candidate –                               | Form Sm-PE2   | <input checked="" type="checkbox"/> |
| Summary of Fundraising Functions –                                  | Form Sm-F     | <input checked="" type="checkbox"/> |
| Fundraising Function –  | Form S-F      | <input checked="" type="checkbox"/> |
| Loans and Guarantees –  | Form S-L1     | <input checked="" type="checkbox"/> |
| Loans / Debts Forgiven / Written Off –                              | Form S-L2     | <input checked="" type="checkbox"/> |
| Transfers Received –  | Form S-T-Rcv  | <input checked="" type="checkbox"/> |
| Transfers Given –   | Form S-T-Giv  | <input checked="" type="checkbox"/> |

**Candidates Who Were Nomination Contestants:**

|   |              |                                     |
|---|--------------|-------------------------------------|
| Nomination Contestant Expenses –                                    | Form Sm-E-NC | <input checked="" type="checkbox"/> |
| Summary of Political Contributions by Class –                       | 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"/>            |
| Personal Expenses Paid by Financial Agent –                         | Form Sm-PE1  | <input type="checkbox"/>            |
| Personal Expenses Paid by Contestant –                              | Form Sm-PE2  | <input type="checkbox"/>            |
| Summary of Fundraising Functions –                                  | Form Sm-F    | <input type="checkbox"/>            |
| Fundraising Function –  | Form S-F     | <input type="checkbox"/>            |

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 complete and accurate.

|                                  |  |
|----------------------------------|--|
| SIGNATURE OF FINANCIAL AGENT<br> | DATE (YYYY/MM/DD)<br><b>2019/07/30</b> |
|----------------------------------|--|

**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.

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Elections BC 1-800-661-8683 [privacy@elections.bc.ca](mailto:privacy@elections.bc.ca) or PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6





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# SUMMARY OF EXPENSES

Sm-E  
(15/08)

NAME OF FILING ENTITY DILL MARSDEN

**Election Expenses**

**Election Expenses  
Subject to Limits**

**Election Expenses  
Not Subject to Limits**

**Other  
Expenses**

|  |        |  |  |
|--|--------|--|--|
| Accounting and audit services  |        |  |  |
| Bank charges   | 3.95   |  |  |
| Candidate's nomination deposit   | 250.00 |  |  |
| Convention, workshop and meeting fees and rentals  | —      |  |  |
| Data processing / information technology   | —      |  |  |
| Donations and gifts  | 300.00 |  |  |
| Excess nomination expenses (from box D, form Sm-E-NC)  | —      |  |  |
| Furniture and equipment  | —      |  |  |
| Insurance  | —      |  |  |
| Interest expense   | —      |  |  |
| Media advertising  | 646.69 |  |  |
| Newsletters and promotional material (signs, brochures, etc.)  | 598.50 |  |  |
| 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**

1799.09 A

B

C

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# SUMMARY OF POLITICAL CONTRIBUTIONS BY CLASS

Sm-C  
(15/07)

If form is for Nomination Contestant, please tick

NAME OF FILING ENTITY

DILL MARSHALL

Total value of contributions from each of the following classes of contributor:

|  | Contributions greater than \$250 |    | Contributions of \$250 or less |    |
|--|----------------------------------|----|--------------------------------|----|
| Individuals  | \$300                            | 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  B

Classified totals (A + B)  C

Total anonymous contributions (from box A, S-A2)  D

Total value of all political contributions from all sources (C + D)  E

Total contributions of money  F

Total contributions of goods, services and discounts (includes contributions through loans and debts)  G  
(boxes F + G must equal box E)

Number of contributors who made contributions of \$250 or less in total value  H

Total dollar amount of all income tax receipts issued (Leadership Contestants cannot issue tax receipts)  I

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## POLITICAL CONTRIBUTIONS OF MONEY, PROPERTY OR SERVICES WITH A VALUE GREATER THAN \$250

If form is for Nomination Contestant, please tick

NAME OF FILING ENTITY

Bill Marshall

| FULL NAME OF CONTRIBUTOR<br>(If a numbered corporation or an unincorporated organization, include full names of two directors) | CLASS OF CONTRIBUTOR*<br>(X APPROPRIATE CLASS) |   |   |   |   |   | INDIVIDUAL CONTRIBUTION AMOUNTS | DATE OF INDIVIDUAL CONTRIBUTION (YYYY)h |
|--|--|---|---|---|---|---|---------------------------------|---|
|  | 1  | 2 | 3 | 4 | 5 | 6 |                                 |   |
| MARY DAVIDSON  |  |   |   |   |   |   | \$ 300                          | 2017/04/30                              |
|  |  |   |   |   |   |   |                                 |   |
|  |  |   |   |   |   |   |                                 |   |
|  |  |   |   |   |   |   |                                 |   |
|  |  |   |   |   |   |   |                                 |   |
|  |  |   |   |   |   |   |                                 |   |
|  |  |   |   |   |   |   |                                 |   |
|  |  |   |   |   |   |   |                                 |   |
|  |  |   |   |   |   |   |                                 |   |
|  |  |   |   |   |   |   |                                 |   |
| TOTAL OF INDIVIDUAL CONTRIBUTIONS  |  |   |   |   |   |   | A                               |   |

\* CLASS OF CONTRIBUTOR:  
1 - INDIVIDUAL, 2 - CORPORATION, 3 - UNINCORPORATED BUSINESS/COMMERCIAL ORGANIZATION,  
4 - TRADE UNION, 5 - NON-PROFIT ORGANIZATION, 6 - OTHER

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# PROHIBITED CONTRIBUTIONS

**S-Ax**  
(15/09)

NAME OF FILING ENTITY Bill Marshall

PAGE   
OF

| DATE RECEIVED<br>(YYYY/MM/DD) | CIRCUMSTANCES | AMOUNT   | DATE RETURNED<br>(YYYY/MM/DD) | OR | DATE REMITTED TO<br>CHIEF ELECTORAL<br>OFFICE<br>(YYYY/MM/DD) |
|-------------------------------|---------------|----------|-------------------------------|----|---|
|                               | N/A           |          |                               |    |   |
|                               |               |          |                               |    |   |
|                               |               |          |                               |    |   |
|                               |               |          |                               |    |   |
|                               |               |          |                               |    |   |
|                               |               |          |                               |    |   |
|                               |               |          |                               |    |   |
|                               |               |          |                               |    |   |
|                               |               |          |                               |    |   |
|                               |               |          |                               |    |   |
|                               |               |          |                               |    |   |
|                               |               |          |                               |    |   |
|                               |               |          |                               |    |   |
|                               |               |          |                               |    |   |
|                               |               |          |                               |    |   |
| <b>TOTAL</b>                  |               | <b>A</b> |                               |    |   |

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## PERSONAL EXPENSES PAID BY FINANCIAL AGENT

**Sm-PE1**  
(15/06)

(Personal expenses of candidate or contestant  
which were paid by the financial agent)

If form is for Nomination Contest, please tick

NAME OF FILING ENTITY

*BILL MANSBACH*

**Paid by the Financial Agent**

A. Transportation to, from or within electoral district

*N/A*

Air travel

Bus, taxi

Rental vehicle

Private vehicle

Other (describe)

Total

**A**

B. Cost of lodging, meals and incidental expenses while travelling

Hotel, motel

Meals

Incidental expenses (describe)

Total

**B**

C. Cost of renting a necessary temporary residence

Rent

**C**

D. All other necessary personal expenses related to  
campaign or contest

Family care

Disability expenses

Total

**D**

E. Total personal expenses paid by the financial agent

Total of items A to D

**E**

F. Total personal expenses paid out of pocket  
by candidate or contestant

From **Sm-PE2**, box E

**F**

G. Total personal expenses from **Sm-PE1** and **Sm-PE2**

Total of items E + F

**G**





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# PERSONAL EXPENSES PAID BY CANDIDATE / CONTESTANT

Sm-PE2  
(15/06)

(This form must be completed by the candidate or contestant  
and submitted to the financial agent within 60 days)

If form is for Nomination Contest, please tick

|   |                                |               |          |
|---|--------------------------------|---------------|----------|
| NAME OF FILING ENTITY   |                                | Bill Mansueto |          |
| <b>Paid by the Candidate or Contestant</b>                              |                                |               |          |
| A. Transportation to, from or within electoral district                 | Air travel                     |               |          |
|   | Bus, taxi                      |               |          |
|   | Rental vehicle                 |               |          |
|   | Private vehicle                |               |          |
|   | Other (describe)               |               |          |
|   |                                | Total         |          |
|   |                                |               | <b>A</b> |
| B. Cost of lodging, meals and incidental expenses while travelling      | Hotel, motel                   |               |          |
|   | Meals                          |               |          |
|   | Incidental expenses (describe) |               |          |
|   |                                | Total         |          |
|   |                                |               | <b>B</b> |
| C. Cost of renting a necessary temporary residence                      | Rent                           |               |          |
|   |                                |               | <b>C</b> |
| D. All other necessary personal expenses related to campaign or contest | Family care                    |               |          |
|   | Disability expenses            |               |          |
|   | Total                          |               |          |
|   |                                |               | <b>D</b> |
| E. Total personal expenses paid by candidate or contestant              | Total of items A to D          |               |          |
|   |                                |               | <b>E</b> |

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# SUMMARY OF FUNDRAISING FUNCTIONS

(Total amounts from all forms S-F)

Sm-F  
(15/07)

If form is for Nomination Contestant, please tick

NAME OF FILING ENTITY

Bill MARSHALL

Number of fundraising functions held

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

 A

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

 D

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

 E

(boxes D + E must equal box A)

**For election financing reports only (see instructions in the Election Financing Report Completion Guide before completing this section)**

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

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# FUNDRAISING FUNCTION

(Submit a separate form for each function held)

S-F  
(15/07)

If form is for Nomination Contestant, please tick

PAGE   
OF

|   |   |
|---|---|
| NAME OF FILING ENTITY<br><i>MARSHALL WILLIAM JOHN</i> |   |
| DATE OF EVENT (YYYY/MM/DD)<br><i>2017/06/09</i>       | DESCRIPTION OF FUNDRAISING EVENT (IF A JOINT EVENT, IDENTIFY OTHER ENTITY)<br><i>NOT APPLICABLE</i> |

### Gross income reported as political contributions

|  | Number of Tickets Sold | Charge per Ticket | Total Charges Collected | Tick if Charge per Ticket Varies |
|--|------------------------|-------------------|-------------------------|----------------------------------|
| Purchases by organizations                                       | <i>—</i>               | <i>—</i>          | <i>—</i>                | <input type="checkbox"/>         |
| Purchases by individuals of more than \$250 worth of tickets     | <i>—</i>               | <i>—</i>          |                         | <input type="checkbox"/>         |
| Purchases by individuals of tickets that are more than \$50 each | <i>—</i>               | <i>—</i>          |                         | <input type="checkbox"/>         |

### Other gross income reported as contributions, including anonymous contributions (provide full details)

|  |  |  | D |
|--|--|--|---|
|  |  |  | E |
|  |  |  | F |

Total gross income reported as political contributions (A + B + C + D + E + F)

|          |   |
|----------|---|
| <i>—</i> | G |
|----------|---|

### 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 individuals of tickets of \$50 or less |                        |                   |                         | <input type="checkbox"/>         |

### Other gross income not reported as contributions (provide full details)

|  |  |  | I |
|--|--|--|---|
|  |  |  | J |
|  |  |  | K |

Total gross income not reported as political contributions (H + I + J + K)

|          |   |
|----------|---|
| <i>—</i> | L |
|----------|---|

Total gross income (G + L)

|          |   |
|----------|---|
| <i>—</i> | M |
|----------|---|

Total cost of function

|          |   |
|----------|---|
| <i>—</i> | N |
|----------|---|

Net income (loss) (box M - N)

|          |   |
|----------|---|
| <i>—</i> | O |
|----------|---|

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## LOANS AND DEBTS FORGIVEN OR WRITTEN OFF

**S-L2**  
(15/09)

NAME OF FILING ENTITY BILL MARSHALL

PAGE   
OF

| DATE FORGIVEN/<br>WRITTEN OFF<br>(YYYY/MM/DD) | FULL NAME OF LENDER / CREDITOR | CLASS OF CONTRIBUTOR*<br>(X APPROPRIATE CLASS) |   |   |   |   |   | CONDITIONS<br>(if applicable) | ORIGINAL AMOUNT OF<br>LOAN/DEBT<br>\$ | AMOUNT OF LOAN/DEBT<br>FORGIVEN/WRITTEN OFF<br>\$ |  |
|---|--------------------------------|--|---|---|---|---|---|-------------------------------|---------------------------------------|---|--|
|   |                                | 1  | 2 | 3 | 4 | 5 | 6 |                               |                                       |   |  |
|   | N/A                            |  |   |   |   |   |   |                               |                                       |   |  |
|   |                                |  |   |   |   |   |   |                               |                                       |   |  |
|   |                                |  |   |   |   |   |   |                               |                                       |   |  |
|   |                                |  |   |   |   |   |   |                               |                                       |   |  |
|   |                                |  |   |   |   |   |   |                               |                                       |   |  |
|   |                                |  |   |   |   |   |   |                               |                                       |   |  |
|   |                                |  |   |   |   |   |   |                               |                                       |   |  |
|   |                                |  |   |   |   |   |   |                               |                                       |   |  |
|   |                                |  |   |   |   |   |   |                               |                                       |   |  |
| <b>TOTALS</b>                                 |                                |  |   |   |   |   |   | <b>A</b>                      |                                       | <b>B</b>  |  |

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# TRANSFERS GIVEN

**S-T-Giv**  
(15/06)

NAME OF FILING ENTITY BTH MARSHALL

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OF

| DATE OF TRANSFER (YYYY/MM/DD) | NAME OF ENTITY RECEIVING MONEY, GOODS OR SERVICES | VALUE OF TRANSFER |
|-------------------------------|---|-------------------|
|                               | n/a   |                   |
|                               |   |                   |
|                               |   |                   |
|                               |   |                   |
|                               |   |                   |
|                               |   |                   |
|                               |   |                   |
|                               |   |                   |
|                               |   |                   |
|                               |   |                   |
|                               |   |                   |
|                               |   |                   |
|                               |   |                   |
|                               |   |                   |
|                               |   |                   |
| TOTAL                         |   | A                 |

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# CANDIDATE'S NOMINATION CONTESTANT EXPENSES INCURRED DURING THE CAMPAIGN PERIOD

Sm-E-NC  
(15/07)

NAME OF FILING ENTITY

*BTJ MARSHAM*

**Nomination contestant expenses incurred during the campaign period:**

|   |         |
|---|---------|
| Convention, workshop and meeting fees and rentals   | —       |
| Furniture and equipment   | —       |
| Insurance   | —       |
| Newsletters and promotional materials (signs, brochures, etc.)  | 1245.14 |
| Office rent, utilities and maintenance  | —       |
| Office supplies, stationery   | —       |
| Postage and courier   | —       |
| Professional services   | —       |
| Research and polling  | —       |
| Social functions/thank-you parties  | —       |
| Telecommunications  | —       |
| Travel  | —       |
| Total net losses of nomination contestant fundraising functions which incurred net losses during the campaign period (box H, form Sm-F) | —       |
| Other expenses (describe)   |         |

Total expenses   **A**

Candidate's campaign period election expenses limit   **B**      x 10% =   **C**

Excess nomination contestant expenses (A - C)  
(This amount, if greater than zero, is an election expense of the candidate)   **D**