ELECTION FINANCING REPORT CANDIDATE

F-C (15/09)

Amendment # MIDDLE NAME(S) CANDIDATE'S LAST NAME FIRST NAME SHERLEY **EDMOND** ERROL GENERAL VOTING DAY (YYYY / MM / DD) ELECTORAL DISTRICT POLITICAL PARTY/AFFILIATION 2017/05/09 **DELTA SOUTH** BRITISH COLUMBIA ACTION PARTY FINANCIAL AGENT'S LAST NAME FIRST NAME MIDDLE NAME(S) **ERROL EDMOND** SHERLEY CITY / TOWN FINANCIAL AGENT'S MAILING ACORESS 4943 ROBERSON ROAD DELTA POSTAL CODE PHONE HUMBER FAX NUMBER **EMAIL ADDRESS** errolsherley@gmail.com V4K(3N2 604-946-1497 604-946-1497 FORMS This financing report includes the following forms: CHECKLIST All Candidates: X \boxtimes Statement of Election Income and Expenses -Form St-I&E-E Summary of Expenses -Form Sm-E X Form Sm-C Ø Summary of Political Contributions by Class -Political Contributions of Money / Property / Services over \$250 -Form S-A1 X |X|Permitted Anonymous Contributions Accepted at Functions -Form S-A2 (2) Prohibited Contributions -Form S-Ax X Personal Expenses Paid by Financial Agent -Form Sm-PE1 X Personal Expenses Paid by Candidate -Form Sm-PE2 Form Sm-F \boxtimes Summary of Fundraising Functions -Fundraising Function -Form S-F XForm S-L1 X Loans and Guarantees - \boxtimes Loans / Debts Forgiven / Written Off --Form S-L2 Transfers Received -Form S-T-Rev × Transfers Given -Form S-T-Giv X Candidates Who Were Nomination Contestants: X Nomination Contestant Expenses - Form Sm-E-NC Summary of Political Contributions by Class -Form Sm-C Political Contributions of Money / Property / Services over \$250 -Form S-A1 Permitted Anonymous Contributions Accepted at Functions -Form S-A2 Personal Expenses Paid by Financial Agent -Form Sm-PE1 Personal Expenses Paid by Contestant -Form Sm-PE2 Summary of Fundraising Functions -Form Sm-F Form S.F Fundraising Function -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

DATE (YYYY / MM / DO)

2017/06/22

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. PLEASE KEEP A COPY FOR YOUR RECORDS

This information is collected under the authority of the Election Act and the Freedom of Information and Protection of Privacy Act The information will be used to administer provisions under the Election Act. Questions can be directed to: Privacy Officer,
Elections BC 1-800-661-8683 gayssysteticitis bc.ca or PO Box 9275 Sin Prov Goyl, Victoria BC VSW 9.6



STATEMENT OF ELECTION INCOME AND EXPENSES

St-I&E-E (15/07)

GENERAL VOTING DAY (YYYY / MM / DD) 2017/05/09

NAME OF FILING ENTITY SHERLEY ERROL EDMOND		
Total value of political contributions from all sources (from box E on form Sm-C)	250.00	
Total transfers received (from box A on form S-T-Rcv)	0.00	
Interest income	0.00	
Total gross fundraising function income not reported as political contributions (from box E on form Sm-F)	0.00	
Candidate's nomination deposit refund	0.00	
Other income (describe)	0.00	
Total Income (sum of above boxes)	250.00	A
	[
Total value of election expenses subject to limits (from box A on form Sm-E)	0.00	
Total value of election expenses not subject to limits (from box B on form Sm-E)	250.00	
Total value of other expenses (from box C on form Sm-E)	0.00	
Total transfers given (from box A on form S-T-GIv)	0.00	
Total Expenditures (sum of above boxes)	250.00	В
For Candidates Only	 .	
Balance in campaign account as of date of report	.00	С

SUMMARY OF EXPENSES



NAME OF FILING ENTITY SHERLEY ERROL EDMOND			
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		250.00	
Convention, workshop and meeting fees and rentals			
Data processing / information technology			
Donations and gifts			
Excess nomination expenses (from box D, form Sm-E-NC)	0.00		
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)		0.00	
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)		0.00	
Total cost of fundraising functions held outside the campaign period (from box G, form Sm-F)			0.00
Total net losses of fundraising functions which incurred net losses during the campaign period (from box H, form Sm-F)	0.00		
Other expenses (describe)			
Total Expenses	0.00 A	250.00 B	0.00 C



SUMMARY OF POLITICAL CONTRIBUTIONS BY CLASS

Sm-C (15/07)

If form is for Nomination Contestant, please tick

NAME OF FILING ENTITY SHERLEY ERROL ENMOND									
Total value of contributions from each of the following classes of contributor:									
	Contributions greater than \$250		Contributions of \$250 or less						
Individuals	0.00	1a	250.00	1b					
Corporations	0.00	2a	0.00	2b					
Unincorporated Business / Commercial Organizations	0.00	3a	0.00	3b					
Trade Unions	0.00	4a	0.00	4b					
Non-profit Organizations	0.00	5а	0.00	5b					
Other Identifiable Contributions	0.00	6a	0.00	6b					
Classified subtotals (1a to 6a & 1b to 6b)	0.00		250.00	В					
(box A = box A, S-A1)									
Classified totals (A + B) 250.00 C									
Total	anonymous contribu (from box A, \$		0.00	D					
Total value of all political cont		rces +D)	250.00	E					
Tot	al contributions of m	опеу	250.00	F					
Total contributions of good (includes contributions			0.00 (boxas F + G must equal b						
Number of contributor of	s who made contribu \$250 or less in total		0.00	Н					
Total dollar amount of all in (Leadership Contestants			\$ 250.00						



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

S-A1 (15/06)

If form is for Nomination Contestant, please tick

s non-partisan Office of the Legislature	NAME OF FILING ENTITY SHERLEY ERROL EDMOND									PAGE 1 OF 1
FULL NAME OF CONTRIBUTOR (If a numbered corporation or an unincorporated organization, include full names of two directors)					IATE	BUTO CLAS:	RT S)	INDIVIDUAL CONTRIBUTION AMOUNTS	DATE OF EACH INDIVIDUAL CONTRIBUTION (YYYY/MM/DD)	TOTAL OF CONTRIBUTOR'S CONTRIBUTIONS
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								ANALYSIA DISTRICT OF THE STATE		APT-18-18-18-18-18-18-18-18-18-18-18-18-18-
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							L			WHITE A PARTY OF THE PARTY OF T
CLASS OF CONTRIBUTOR: 1 - INDIVIDUAL, 2 - CORPORATION, 3 - UNII 4 - TRADE UNION, 5 - NON-PROFIT ORGANI	NCORPORATED BUSINESS/COMMERCIAL ORGANIZATION. IZATION, 6 - OTHER		C		NDI	TAL:	AL	A 0.0	00	



PERMITTED ANONYMOUS CONTRIBUTIONS ACCEPTED AT FUNCTIONS

S-A2 (15/06)

If form is for Nomination Contestant, please tick □

		TOTAL	A			0.00		
14								

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			 		***************************************	***************************************		
			 					
DATE OF FUNCTION (YYYY/MM/DD)	DESCRIPTION OF FUNCTION	NUMBER OF PEOPLE ATTENDING		TOTAL AMO ANONYM CONTRIBU	OUNT OF MOUS JITIONS			
	SHERLEY ERROL ENMOND							
more partisan office of the Leg	NAME OF FILING ENTITY				PAGE	1		





NAME OF FILING ENTITY	PAGE	1
SHERLEY ERROL ENMOND	OF	1

DATE RECEIVED (YYYY/MM/DD)	CIRCUMSTANCES		AMOUNT	DATE RETURNED (YYYY/MM/DD)	DR	DATE REMITTED TO CHIEF ELECTORAL OFFICE (YYYY/MM/DD)
	•					
	·					
	,					
	TOTAL	Α	0.00			

This form is available for public inspection.
PLEASE KEEP A COPY FOR YOUR RECORDS.

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



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 SHERLEY ERROL ENMOND											
Paid by the Financial Agent											
A. Transportation to, from or within electoral district	Air travel	0.00									
	Bus, taxi	0.00									
	Rental vehicle	0.00									
	Private vehicle	0.00									
Other (describe)		0.00									
	Total	0.00 A									
B. Cost of lodging, meals and incidental expenses while travelling	Hotel, motel	0.00									
Incidental expenses (describe)	Meals .	0.00									
modelia di porte di Caractilia	I	0.00									
	Total	0.00 B									
	1										
C. Cost of renting a necessary temporary residence	Rent	0.00 C									
D. All other necessary personal expenses related to campaign or contest	Family care	0.00									
campaign of contest	Disability expenses	0.00									
	Total	0.00 D									
E. Total personal expenses paid by the financial agent	Total of items A to D	0.00 E									
F. Total personal expenses paid out of pocket by candidate or contestant	From Sm-PE2, box E	0.00 F									
G. Total personal expenses from Sm-PE1 and Sm-PE2	Total of items E + F	0.00 G									

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 \Box

NAME OF FILING ENTITY SHERLEY ERROL EDMOND		
Paid by the Candidate or Contestant	_	
A. Transportation to, from or within electoral district	Air travel	0.00
	Bus, taxi	0.00
	Rental vehicle	0.00
	Private vehicle	0.00
Other (describe)		0.00
	Total	0.00 A
B. Cost of lodging, meals and incidental expenses while travelling	Hotel, motel	0.00
	Meals	0.00
Incidental expenses (describe)		0.00
	Total	0.00 B
C. Cost of renting a necessary temporary residence	Rent [0.00 C
D. All other necessary personal expenses related to campaign or contest	Family care	0.00
	Disability expenses	0.00
	Total	0.00 D
E. Total personal expenses paid by candidate or contestant	Total of items A to D	0.00 E

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SUMMARY OF FUNDRAISING FUNCTIONS

Sm-F (15/07)

(Total amounts from all forms S-F)

If form is for Nomination Contestant, please tick

NAME OF FILING ENTITY SHERLEY ERROL EDMOND												
Number of fundraising functions held	0.00											
Total gross fundraising function income (sum of boxes M on all S-F forms)	A 00.0											
Total cost of fundraising functions (sum of boxes N on all S-F forms)	0.00 в											
Total net income (or loss) from fundraising functions (A – B)	0.00 c											
Total amount of gross income reported as political contributions (sum of boxes G on all S-F forms)	0.00											
Total amount of gross income NOT reported as political contributions (sum of boxes L on all S-F forms)	0.00 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	0.00 F											
Total cost of fundraising functions held outside the campaign period	0.00 G											
Total net losses of fundraising functions which incurred net losses during the campaign period	0.00 н											

FUNDRAISING FUNCTION

S-F (15/07)

(Submit a separate form for each function held)



ECTIONS To	If form is f	for <u>Nomination C</u>	<u>ontestant,</u> please t	ick U	PAGE	Ļ
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IAME OF FILING ENTITY						
SHERLEY ERROL EDMOND						
DATE OF EVENT (YYYY/MM/DD)	DESCRIPTION	N OF FUNDRAISING EVE	NT (IF A JOINT EVENT, IDE	NTIFY OTHER ENTITY)		
	1					
iross income reported as politi	cal contribu	utions			****	
					Tick if Charge pe Ticket	r
		Number of Tickets Sold	Charge per Ticket	Total Charges Collected	Ticket Varies	
			F** ******			
Purchases by org	janizations		1		A	
Purchases by individuals of					8	
\$250 worlf Purchases by individuals	h of tickets					
that are more than		**************************************			C	
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Other gross income reported as co	ontributions,	including anonymo	us contributions (prov	ride full details)		
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Total g	gross income	e reported as politic	al contributions (A + E	3+C+D+E+F)		G
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Pross income not reported as p	olitical con	tributions				
					Tick if Charge pe	er
		Number of Tickets Sold	Charge per Ticket	Total Charges Collected	Tičket Varies	
Purchases by inc	dividuals of [TICKETS SOLU	per modet	Johnstea		
	\$50 or less				н	
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Other gross income not reported a	as contribute	ons (provide full det	ails)		***************************************	
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and gross mounts not reported a	as contribute	ons (provide full det	ails)		J	
			ails) as political contributio	ons (H + I + J + K)	J	L
			as political contributio		J	_
			as political contributio	ons (H + I + J + K) ss income (G + L)	J	L
			as political contributio		J	_
			as political contributio Total gro	ss income (G + L)	J	M

LOANS AND GUARANTEES



DATE

RECEIVED (YYYY/MM/DD)

•	SHERLEY ERROL EDMOND														of 1	
	<u> </u>								<u> </u>		· · · · · · · · · · · · · · · · · · ·					<u> </u>
FULL NAMES OF LENDER AND/OR GUARANTOR	CLASS*				CONDITIONS (if applicable)	DUE DATE (YYYY/MM/DD)	ORIGINAL AMOUNT OF (MM/DD) LOAN/GUARANTEE	AMOUNT OF LOAN OUTSTANDING S	INT. RATE	PRIME RATE %	PAIAOLE SHAPPER		BENEFIT/ CONTRIBUTION (A - B)			
	1	2	3	4	5	6			\$				AT PRIME RATE \$	s	\$	
			,													
															:	

*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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TOTAL D E

TOTAL F 0.00

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LOANS AND DEBTS FORGIVEN OR WRITTEN OFF

S-L2 (15/09)

	NAME OF FILING ENTITY SHERLEY ERROL	EDMOND											PAGE OF	1	
DATE FORGIVEN/ WRITTEN OFF	FULL NAME OF LENDER / CRED	пток	ÇL	ASS (OF GO	NTRIS	BUTOF	₹ i)	CONDITIONS (if applicable)		ORIGINAL AMOUNT OF LOAN/DEBT		AMOUNT OF LOAN/DEBT FORGIVEN/WRITTEN OFF		
(YYYY/MM/DD)			1	2	3	4	5	e	(ii apprication)	1	\$		\$		
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	SIBUTOR: CORPORATION, 3 UNINCORPORATED BUSINESS/COM , 5 NON-PROFIT ORGANIZATION, 6 OTHER	IMERCIAL ORGANIZATION,							TOTALS	A		В		0.00	

TRANSFERS RECEIVED



non-partisan Office of the Legi	NAME OF FILING ENTITY						
	SHERLEY ERROL EDMOND		of 1				
DATE OF TRANSFER (YYYY/MM/DD)	NAME OF ENTITY TRANSFERRING MONEY, GOODS OR SERVICES	VALUE OF TRANSFER					
,							
-							
		-					
	TOTAL A		0.00				

TRANSFERS GIVEN



NAME OF FILING ENTITY	PAGE	1	-
SHERLEY ERROL EDMOND	OF.	1	=
		***************************************	-

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



CANDIDATE'S NOMINATION CONTESTANT EXPENSES INCURRED DURING THE CAMPAIGN PERIOD

Sm-E-NC (15/07)

NAME OF FILING ENTITY SHERLEY ERROL EDMOND							
Nomination contestant expenses incurred during the campaign period:							
Convention, workshop and meeting fees and rentals	0.00						
Furniture and equipment	0.00						
Insurance .	0.00						
Newsletters and promotional materials (signs, brochures, etc.)	0.00						
Office rent, utilities and maintenance	0.00						
Office supplies, stationery	0.00						
Postage and courier	0.00						
Professional services	0.00						
Research and polling	0.00						
Social functions/thank-you parties	0.00						
Telecommunications	0.00						
Travel	0.00						
Total net losses of nomination contestant fundraising functions which incurred net losses during the campaign period (box H, form Sm-F)	0.00						
Other expenses (describe)	0.00						
Total expenses	0.00 A						
Candidate's campaign period election expenses limit N/A B x 10%=	0.00 C						
Excess nomination contestant expenses $(A-C)$ (This amount, if greater than zero, is an election expense of the candidate)	0.00 D						