

ELECTION FINANCING REPORT CANDIDATE

F-C (15/09)

LECTIONS In non-partisan Office of the Legisf	ature				Amendment #_		
CANDIDATE'S LAST NAM	ИE		FIRST NAME - ELIZABETH ANGELITA		MIDDLE NAME EJERCITO	E(S)	
ELECTORAL DISTRICT		POLITICAL PARTY/AFFILIA			RAL VOTING DAY (YYYY / MM / DD)		
VANCOUVER-FALSI	E CREEK	BC LIBERTARIAN PAR	RTY	2017/05/09		ŕ	
FINANCIAL AGENT'S LAS	ST NAME	!	FIRST NAME	1	MIDDLE NAME	:(S)	
JALUAGUE			ELIZABETH ANGELITA		EJERCITO		
FINANCIAL AGENT'S MA	ILING ADDRESS			CITY / TOWN	· ···		
1105-602 CITADEL	PARADE			VANCOUVE	R		
POSTAL CODE	PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS				
V6B ₁ 1X2	604-440-8728	NONE	E.JALUAGUE@GMAIL	.COM			
This financing repo	rt includes the followir	ng forms:				FORMS CHECKLIST	
All Candidates:	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 – 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 – Form St-I&E-E Form Sm-E Form Sm-C Form S-A1 Form S-A2 Form S-A2 Form Sm-PE1 Form Sm-PE2 Form Sm-F Form S-F Form S-F Form S-F Form S-F Form S-F Form S-L1						
Candidates Who V	Vere Nomination Co	intestants:	Trans	fers Given –	Form S-T-Giv	\boxtimes	
I MINISTER TO THE T			Nomination Contestant	Expenses –	Form Sm-E-NC		
			of Political Contributions	-	Form Sm-C	ā	
	Politi	cal Contributions of Mone	ey / Property / Services	over \$250 -	Form S-A1		
	F	Permitted Anonymous Co	ntributions Accepted at	Functions -	Form S-A2		
		Personal E	Expenses Paid by Finan	cial Agent –	Form Sm-PE1		
		Perso	nal Expenses Paid by (Contestant –	Form Sm-PE2		
		S	ummary of Fundraising	Functions -	Form Sm-F		
			Fundraising	g Function –	Form S-F		
(b) this report and ap	o act on behalf of the oppropriate forms have knowledge, information	above-named candidate; been prepared in accords on and belief, all the inform			complete and accur		
	d/ppt/	eng-			2017/08/01		



STATEMENT OF ELECTION INCOME AND EXPENSES



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

NAME OF FILING ENTITY ELIZABETH ANGELITA EJERCITO JALUAGUE									
Total value of political contributions from all sources (from box E on form Sm-C)	200								
Total transfers received (from box A on form S-T-Rcv)	250								
Interest income	0								
Total gross fundraising function income not reported as political contributions (from box E on form Sm-F)	0								
Candidate's nomination deposit refund	0								
Other income (describe)	0								
Total Income (sum of above boxes)	450	Α							
Total value of election expenses subject to limits (from box A on form Sm-E)	0								
Total value of election expenses not subject to limits (from box B on form Sm-E)	297.90								
Total value of other expenses (from box C on form Sm-E)	0								
Total transfers given (from box A on form S-T-Giv)	152.10								
Total Expenditures (sum of above boxes)	450	В							
For Candidates Only									
Balance in campaign account as of date of report	.00	С							

SUMMARY OF EXPENSES



NAME OF FILING ENTITY ELIZABETH ANGELITA EJERCITO JALUAGUE **Election Expenses Election Expenses Election Expenses** Other Subject to Limits Not Subject to Limits Expenses 0 0 Accounting and audit services 0 0 47,90 Bank charges 250 Candidate's nomination deposit 0 0 0 Convention, workshop and meeting fees and rentals 0 0 0 Data processing / information technology Donations and gifts 0 0 0 0 Excess nomination expenses (from box D, form Sm-E-NC) 0 0 0 Furniture and equipment 0 0 0 Insurance Interest expense 0 0 0 Media advertising 0 0 0 Newsletters and promotional material (signs, brochures, etc.) 0 0 0 0 Office rent, utilities and maintenance 0 0 0 0 0 Office supplies, stationery 0 Personal expenses of candidate (from box G, form Sm-PE1) 0 0 Postage and courier 0 0 0 0 Professional services 0 0 0 Research and polling 0 0 0 Salaries and benefits 0 0 0 Social functions / thank-you parties 0 0 0 Telecommunications 0 0 0 Travel Total cost of fundraising functions held during the 0 campaign period (from box F, form Sm-F) Total cost of fundraising functions held outside the 0 campaign period (from box G, form \$m-F) Total net losses of fundraising functions which incurred net 0 losses during the campaign period (from box H, form Sm-F) Other expenses (describe) 0 0 0 С 297.90 В **Total Expenses** 0



SUMMARY OF POLITICAL CONTRIBUTIONS BY CLASS



If form is for Nomination Contestant, please tick \square

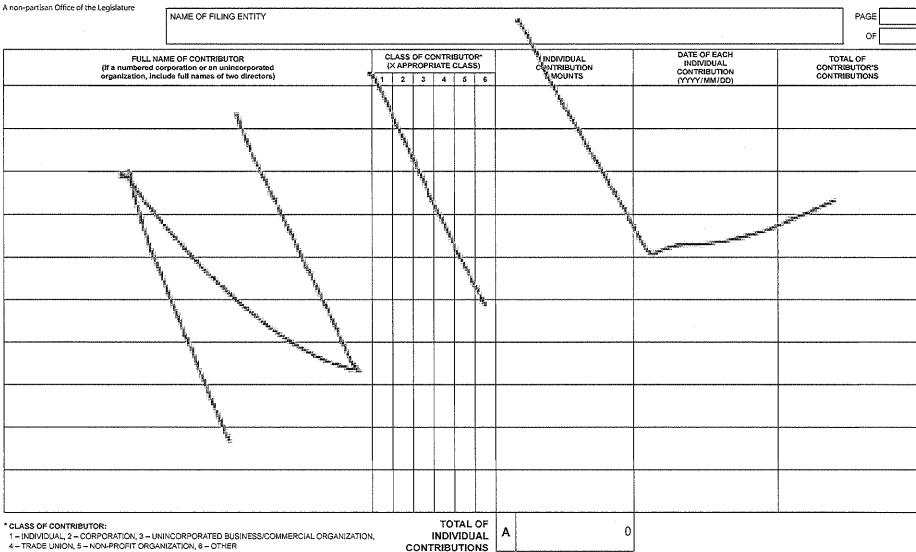
NAME OF FILING ENTITY ELIZABETH ANGELITA EJERCITO JALUAGUE										
Total value of contributions from each of the following classes of contributor:										
	Contributions of \$250 or less									
Individuals	Individuals 0 1a									
Corporations	0	2a	0	2b						
Unincorporated Business / Commercial Organizations	0	3a	0	3b						
Trade Unions	0	4a	0	4b						
Non-profit Organizations	0	5a	0	5b						
Other Identifiable Contributions	0	6a	0	6b						
Classified subtotals (1a to 6a & 1b to 6b)	0	A	200	В						
(box A = box A, S-A1)										
	200	С								
Total	anonymous contribu		0	D						
Total value of all political contributions from all sources (C + D)										
Total contributions of money 200 F										
Total contributions of goods, services and discounts (includes contributions through loans and debts) (boxes F + G must equal box E)										
Number of contributors who made contributions of \$250 or less in total value										
Total dollar amount of all income tax receipts issued (Leadership Contestants cannot issue tax receipts)										



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





PERMITTED ANONYMOUS CONTRIBUTIONS ACCEPTED AT FUNCTIONS

S-A2 (15/06)

If form is for Nomination Contestant, please tick

A non-partisan Office of the Le	Michael Programme Anna Anna Anna Anna Anna Anna Anna Ann				
A non-partisan office of the Le	NAME OF FILING ENTITY		,		PAGE 1
		3			OF 1
DATE OF FUNCTION (YYYY/MM/DD)	DESCRIPTION OF FUNCTION		NUMBER OF PEOPLE ATTENDING	TOTAL AM ANONYI CONTRIB	OUNT OF MOUS UTIONS
			-		
	18-45 19-44 19-44 19-44 19-44 19-44 19-44 19-44 19-44 19-44 19-44 19-44 19-44 19-44 19-44 19-44 19-44 19-44 19	· •			
			****		·····
					· · · · · · · · · · · · · · · · · · ·
		,	i.		
		·			
			TOTAL	A	0

PROHIBITED CONTRIBUTIONS



NAME OF FILING ENTITY	PAGE	1	1	_
	OF	1	1	•

DATE RECEIVED (YYYY/MM/DD)	CIRCUMSTANCES		AMOUNT	DATE RETURNED (YYYY/MM/DO)	OR	DATE REMITTED TO CHIEF ELECTORAL OFFICE (YYYY/MM/DD)
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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 \Box

NAME OF FILING ENTITY		
Paid by the Financial Agent		
A. Transportation to, from or within electoral district	Air travel	
	Bus, taxi	
	Rental vehicle	
	Private vehicle	
Other (describe)		
	Total	А
	1	
B. Cost of lodging, meals and incidental expenses while travelling	Hotel, motel	
<u> </u>	Meals	
Incidental expenses (describe)		
	Total [В
	\	The state of the s
C. Cost of renting a necessary temporary residence	Rent	С
D. All other necessary personal expenses related to	Г	
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



PERSONAL EXPENSES PAID BY CANDIDATE / CONTESTANT



(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		
Paid by the Candidate or Contestant		
A. Transportation to, from or within electoral district	Air travel	
	Bus, taxi	
	Rental vehicle	
	Pijvate vehicle	
Other (describe)		
N N	Total [Α
1	A Contract of the Contract of	1 1
B. Cost of loditing, meals and incidental expenses while travelly	g Hotel, motel	
Land and a second	Meals	N
Incidental extenses (describe)	N. C.	
A North A	Total	В
A Market A	Ψ, <u>L</u>	
C. Cost of renting a necessary temporary residence	Rent	c
And the state of t		
D. All other necessary personal expenses related to campaign or contest	Family care	
Jan paign of Johnson	Disability expenses	
	Total	D
	.500.	
E. Total personal expenses paid by candidate or contestant	Total of items A to D	E
,		

This form is 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 privacy@elections.bc.ca or PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6



ELECTIONS A non-partisan Office of the Legislature

SUMMARY OF FUNDRAISING FUNCTIONS

(Total amounts from all forms S-F)

If form is for Nomination Contestant, please tick

NAME OF FILING ENTITY	
Number of fundraising functions held	0
Total gross fundraising function income (sum of boxes M or all S-F forms)	A
Total cost of fundraising functions sum of boxes N on all S F forms)	В
Total net income (or loss) from fundraising functions (A - B)	С
Total amount of gross income reported as political contributions (sum of boxes G on all S-F forms)	0
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)
or election financing reports only (see instructions in the Election Financing Report C ompleting this section)	ompletion Guide before
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	н

FUNDRAISING FUNCTION

LECTIONS ...

(Submit a separate form for each function held)

S-F (15/07)

LECTIONS Of the Legislature	If form is	for <u>Nomination C</u>	<u>contestant,</u> please ti	ck 🗖	F	PAGE 1
NAME OF FILING ENTITY				,		,
DATE OF EVENT (YYYY/MM/DD)	DESCRIPTION	N OF FUNDRAISING EVE	ENT (IF A JOINT EVENT, IDEN	TIFY OTHER ENTITY)		
Gross income reported as po	litical contribu	ıtions				
		Number of Tickets Sold	Charge per Ticket	Total Charges Collected	Tick Charge Tick Varie	e per et
Purchases by o	organizations		·		Α _	
Purchases by individuals \$250 wo	of more than orth of tickets				В	
Purchases by individu that are more th					С]
other gross income reported as	contributions,	including anonymo	us contributions (provi	de full details)		
					Q	
					E	
					F	
Tota	al gross income	reported as politic	al contributions (A + B	+ C + D + E + F)		G
Bross income not reported as	s political con	tributions		_		
The state of the s		Nuisber of Tickers Sold	Charge per Ticket	Total Charges Collected	Tick Charge Ticke Varie	et per
	of \$50 or less				н	
ine gross income not reporte	d as contributio	ons (provide full det	ails)			
	N			N. T. C.	J	ekin.
					K	
- And State of the				<u> </u>		
A Secretarion	Total gloss in	come not reported	as political contributior	-		_ L
			•	s income (G + L)		M
The state of the s				l cost of function		N
			Net income (loss) (box M-N)		0

LOANS AND GUARANTEES



NAME OF FILING ENTITY ORIGINAL AMOUNT OF LOAN/GUARA TEE CLASS* AMOUNT OF INTEREST AMOUNT OF BENEFIT/ DATE AMOUNT OF LOAN PRIME FULL NAMES OF LENDER AND/OR GUARANTOR (X) CONDITIONS DUE DATE RECEIVED (YYYY/MM/DD) OUTSTANDING RATE RATE INTEREST BEING CONTRIBUTION ∰applicable) (YYYY/MM/DD) PAYABLE (A - B) \$ CHARGED \$ % % AT PRIME RATE \$ \$ 2 3 4 5 \$ * CLASS OF CONTRIBUTOR: 0 1- INDIVIDUAL, 2- CORPORATION, 3- UNINCORPORATED BUSINESS/COMMERCIAL ORGANIZATION, 4- TRADE UNION, 5- NON-PROFIT ORGANIZATION, 6- OTHER TOTAL D OE TOTAL 0

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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



LOANS AND DEBTS FORGIVEN OR WRITTEN OFF

S-L2 (15/09)

	NAME OF FILING ENTITY										PAG	
DATE FORGIVEN/ WRITTEN OFF (YYYY/MM/DD)	FULL NAME OF LENDER / CREDITOR	CLASS OF CONTRIBUTOR* (XAPPROPRIATE CLASS) 1 2 3 4 5 6						CONDITIONS (if applicable)	ORIGINAL AMOUNT OF LOAN/DEBT \$		AMOUNT OF LOA FORGIVEN/WRITT	N/DEBT TEN OFF
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* CLASS OF CONT 1 - INDIVIDUAL, 2 4 - TRADE UNION	RIBUTOR: 2 — CORPORATION, 3 — UNINCORPORATED BUSINESS/COMMERCIAL ORGANIZATION, N, 5 — NON-PROFIT ORGANIZATION, 6 — OTHER							TOTALS	A	0 в		C

TRANSFERS RECEIVED



NAME OF FILING ENTITY	PAGE 1
ELIZABETH ANGELITA EJERCITO JALUAGUE	OF 1
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DATE OF TRANSFER (YYYY/MM/DD)	NAME OF ENTITY TRANSFERRING MONEY, GOODS OR SERVICES		VALUE OF TRANSFER
2017/04/16	BC LIBERTARIAN PARTY		250
	,		
	·		
	TOTAL	A	250
		1	

S-T-Giv

(15/06)



TRANSFERS GIVEN

A non-partisan Office of the Legi	NAME OF FILING ENTITY ELIZABETH ANGELITA EJERCITO JALUAGUE		PAGE 1
DATE OF TRANSFER (YYYY/MM/DD)	NAME OF ENTITY RECEIVING MONEY, GOODS OR SERVICES	VALUE TRANS	E OF SFER
2017 / 08 / 02	BC LIBERTARIAN PARTY	·	152.10
	-		
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			· · · · · · · · · · · · · · · · · · ·
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	TOTAL	A	152.10