



# ELECTION FINANCING REPORT

## CANDIDATE

**F-C**  
(15/09)

**ELECTIONS BC**  
A non-partisan Office of the Legislature

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

CANDIDATE'S LAST NAME <i>Skytte</i>		FIRST NAME <i>Eric</i>		MIDDLE NAME(S) <i>Leslie</i>
ELECTORAL DISTRICT <i>New Westminster</i>		POLITICAL PARTY/AFFILIATION <i>None</i>	GENERAL VOTING DAY (YYYY / MM / DD) <i>2017/05/09</i>	
FINANCIAL AGENT'S LAST NAME <i>Skytte</i>		FIRST NAME <i>Eric</i>		MIDDLE NAME(S) <i>Leslie</i>
FINANCIAL AGENT'S MAILING ADDRESS <i>102 - 675 Park Crescent</i>			CITY/TOWN <i>New Westminster</i>	
POSTAL CODE <i>V3L 1S W4</i>	PHONE NUMBER <i>604-516-6956</i>	FAX NUMBER	EMAIL ADDRESS <i>eric.sky67@hotmail.com</i>	

This financing report includes the following forms:

		FORMS CHECKLIST
<b>All Candidates:</b>		
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"/>
<b>Candidates Who Were Nomination Contestants:</b>		
Nomination Contestant Expenses --	Form Sm-E-NC	<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 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 <i>Eric Skytte</i>	DATE (YYYY / MM / DD) <i>2017/08/03</i>
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**WARNING:** Signing a false statement is a serious offence and is subject to significant penalties.

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# 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

Total value of political contributions from all sources (from box E on form Sm-C)

Total transfers received (from box A on form S-T-Rcv)

Interest income

Total gross fundraising function income not reported as political contributions  
(from box E on form Sm-F)

Candidate's nomination deposit refund

Other income (describe)

**Total Income** (sum of above boxes)  **A**

Total value of election expenses subject to limits (from box A on form Sm-E)

Total value of election expenses not subject to limits (from box B on form Sm-E)

Total value of other expenses (from box C on form Sm-E)

Total transfers given (from box A on form S-T-Giv)

**Total Expenditures** (sum of above boxes)  **B**

**For Candidates Only**

Balance in campaign account as of date of report  **C**

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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

**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)	-		
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)	-		
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**

\$ 250.00

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

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

	Contributions greater than \$250		Contributions of \$250 or less	
Individuals		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)

0.00	E
------	---

Total contributions of money

0.00	F
------	---

Total contributions of goods, services and discounts  
(includes contributions through loans and debts)

0.00	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)

\$ 0.00	I
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# 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

NAME OF FILING ENTITY

PAGE  

OF  

FULL NAME OF CONTRIBUTOR <small>(If a numbered corporation or an unincorporated organization, include full names of two directors)</small>	CLASS OF CONTRIBUTOR* <small>(X APPROPRIATE CLASS)</small>						INDIVIDUAL CONTRIBUTION AMOUNTS	DATE OF EACH INDIVIDUAL CONTRIBUTION <small>(YYYY/MM/DD)</small>	TOTAL OF CONTRIBUTOR'S CONTRIBUTIONS
	1	2	3	4	5	6			
<span style="font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 10px; display: inline-block;">NONE</span>									

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

**TOTAL OF INDIVIDUAL CONTRIBUTIONS**

**A**

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## PERMITTED ANONYMOUS CONTRIBUTIONS ACCEPTED AT FUNCTIONS

**S-A2**  
(15/06)

If form is for Nomination Contestant, please tick

NAME OF FILING ENTITY

PAGE   
OF

DATE OF FUNCTION (YYYY/MM/DD)	DESCRIPTION OF FUNCTION	NUMBER OF PEOPLE ATTENDING	TOTAL AMOUNT OF ANONYMOUS CONTRIBUTIONS
	None		
<b>TOTAL</b>			<b>A</b>

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# PROHIBITED CONTRIBUTIONS

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



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NAME OF FILING ENTITY

PAGE   
OF

DATE RECEIVED (YYYY/MM/DD)	CIRCUMSTANCES	AMOUNT	DATE RETURNED (YYYY/MM/DD)	OR	DATE REMITTED TO CHIEF ELECTORAL OFFICE (YYYY/MM/DD)
<b>TOTAL</b>		<b>A</b>	<input type="text"/>		

N/A

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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

**Paid by the Financial Agent**

A. Transportation to, from or within electoral district

	Air travel		
	Bus, taxi		
	Rental vehicle		
	Private vehicle		
Other (describe)			
Total		0.00	A

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

	Hotel, motel		
	Meals		
Incidental expenses (describe)			
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		
	Disability expenses		
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
--	----------------------	------	---





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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

### Paid by the Candidate or Contestant

A. Transportation to, from or within electoral district

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 candidate or contestant

Total of items A to D

E

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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	
N/A	
Number of fundraising functions held	<input style="width: 100px; height: 20px;" type="text" value="0"/>
Total gross fundraising function income (sum of boxes M on all S-F forms)	<input style="width: 100px; height: 20px;" type="text"/> <b>A</b>
Total cost of fundraising functions (sum of boxes N on all S-F forms)	<input style="width: 100px; height: 20px;" type="text"/> <b>B</b>
Total net income (or loss) from fundraising functions (A – B)	<input style="width: 100px; height: 20px;" type="text"/> <b>C</b>
Total amount of gross income reported as political contributions (sum of boxes G on all S-F forms)	<input style="width: 100px; height: 20px;" type="text" value="0.00"/> <b>D</b>
Total amount of gross income NOT reported as political contributions (sum of boxes L on all S-F forms)	<input style="width: 100px; height: 20px;" type="text" value="0.00"/> <b>E</b>
<small>(boxes D + E must equal box A)</small>	
<b>For election financing reports only (see instructions in the Election Financing Report Completion Guide before completing this section)</b>	
Total cost of fundraising functions held during the campaign period	<input style="width: 100px; height: 20px;" type="text"/> <b>F</b>
Total cost of fundraising functions held outside the campaign period	<input style="width: 100px; height: 20px;" type="text"/> <b>G</b>
Total net losses of fundraising functions which incurred net losses during the campaign period	<input style="width: 100px; height: 20px;" type="text"/> <b>H</b>

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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	
DATE OF EVENT (YYYY/MM/DD)	DESCRIPTION OF FUNDRAISING EVENT (IF A JOINT EVENT, IDENTIFY OTHER ENTITY)

### 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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Purchases by individuals of more than \$250 worth of tickets	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Purchases by individuals of tickets that are more than \$50 each	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

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

<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>

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

### 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="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

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

<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>

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

Total gross income (G + L)

Total cost of function

Net income (loss) (box M - N)

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## LOANS AND DEBTS FORGIVEN OR WRITTEN OFF

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

NAME OF FILING ENTITY

PAGE   
OF

DATE FORGIVEN/ WRITTEN OFF (YYYY/MM/DD)	FULL NAME OF LENDER / CREDITOR	CLASS OF CONTRIBUTOR* (X APPROPRIATE CLASS)						CONDITIONS (if applicable)	ORIGINAL AMOUNT OF LOAN/DEBT \$	AMOUNT OF LOAN/DEBT FORGIVEN/WRITTEN OFF \$	
		1	2	3	4	5	6				
	NONE										
<b>TOTALS</b>								<b>A</b>		<b>B</b>	

\* 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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# TRANSFERS RECEIVED



NAME OF FILING ENTITY PAGE

OF

DATE OF TRANSFER (YYYY/MM/DD)	NAME OF ENTITY TRANSFERRING MONEY, GOODS OR SERVICES	VALUE OF TRANSFER
	NONE	
<b>TOTAL</b>	<b>A</b>	

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# TRANSFERS GIVEN

S-T-Giv  
(15/06)

NAME OF FILING ENTITY

PAGE   
OF

DATE OF TRANSFER (YYYY/MM/DD)	NAME OF ENTITY RECEIVING MONEY, GOODS OR SERVICES	VALUE OF TRANSFER
	NONE	
	<b>TOTAL</b>	<b>A</b> <input style="width: 50px; height: 20px;" type="text"/>

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

**Sm-E-NC**  
(15/07)

NAME OF FILING ENTITY

**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.)		—
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 0.00 A

Candidate's campaign period election expenses limit   B  $\times 10\% =$  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

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