



# ELECTION FINANCING REPORT CANDIDATE

F-C  
(15/09)

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

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

CANDIDATE'S LAST NAME JALUAGUE		FIRST NAME ELIZABETH ANGELITA	MIDDLE NAME(S) EJERCITO
ELECTORAL DISTRICT VANCOUVER-FALSE CREEK	POLITICAL PARTY/AFFILIATION BC LIBERTARIAN PARTY		GENERAL VOTING DAY (YYYY / MM / DD) 2017/05/09
FINANCIAL AGENT'S LAST NAME JALUAGUE		FIRST NAME ELIZABETH ANGELITA	MIDDLE NAME(S) EJERCITO
FINANCIAL AGENT'S MAILING ADDRESS 1105-602 CITADEL PARADE		CITY / TOWN VANCOUVER	
POSTAL CODE V6B1X2	PHONE NUMBER 604-440-8728	FAX NUMBER NONE	EMAIL ADDRESS E.JALUAGUE@GMAIL.COM

This financing report includes the following forms:

**All Candidates:**

FORMS  
CHECKLIST

X

- Statement of Election Income and Expenses – Form St-I&E-E
- Summary of Expenses – Form Sm-E
- 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
- Prohibited Contributions – Form S-Ax
- Personal Expenses Paid by Financial Agent – Form Sm-PE1
- Personal Expenses Paid by Candidate – Form Sm-PE2
- Summary of Fundraising Functions – Form Sm-F
- Fundraising Function – Form S-F
- Loans and Guarantees – Form S-L1
- Loans / Debts Forgiven / Written Off – Form S-L2
- Transfers Received – Form S-T-Rcv
- Transfers Given – Form S-T-Giv

**Candidates Who Were Nomination Contestants:**

- 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
- Fundraising Function – Form S-F

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 / DD)

2017/08/01

**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.

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](mailto:privacy@elections.bc.ca) or PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6

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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  
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	
<b>Total Income (sum of above boxes)</b>	<b>450</b>	<b>A</b>

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)	250	<del>297.90</del>
Total value of other expenses (from box C on form Sm-E)	47. <sup>90</sup>	<del>0</del>
Total transfers given (from box A on form S-T-Giv)	152.10	
<b>Total Expenditures (sum of above boxes)</b>	<b>450</b>	<b>B</b>

**For Candidates Only**

Balance in campaign account as of date of report .00 C

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# STATEMENT OF ELECTION INCOME AND EXPENSES

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

**SEE AMENDMENT**

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)

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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# SUMMARY OF EXPENSES

Sm-E  
(15/08)

**ELECTIONS BC**  
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NAME OF FILING ENTITY  
ELIZABETH ANGELITA EJERCITO JALUAGUE

**Election Expenses**

**Election Expenses Subject to Limits**

**Election Expenses Not Subject to Limits**

**Other Expenses**

Accounting and audit services		0	0
Bank charges	0	<del>0</del> 47.90	47.90 <del>0</del>
Candidate's nomination deposit		250	
Convention, workshop and meeting fees and rentals	0	0	0
Data processing / information technology	0	0	0
Donations and gifts	0	0	0
Excess nomination expenses (from box D, form Sm-E-NC)	0		
Furniture and equipment	0	0	0
Insurance	0	0	0
Interest expense	0	0	0
Media advertising	0	0	0
Newsletters and promotional material (signs, brochures, etc.)	0	0	0
Office rent, utilities and maintenance	0	0	0
Office supplies, stationery	0	0	0
Personal expenses of candidate (from box G, form Sm-PE1)		0	
Postage and courier	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	0	0	0
Total cost of fundraising functions held during the campaign period (from box F, form Sm-F)		0	
Total cost of fundraising functions held outside the campaign period (from box G, form Sm-F)			0
Total net losses of fundraising functions which incurred net losses during the campaign period (from box H, form Sm-F)	0		
Other expenses (describe)	0	0	0

**Total Expenses**

0 A

250 297.90 B

47.90 ~~0~~ C

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# SUMMARY OF EXPENSES

Sm-E  
(15/08)

SEE AMENDMENT

NAME OF FILING ENTITY  
ELIZABETH ANGELITA EJERCITO JALUAGUE

**Election Expenses**

**Election Expenses Subject to Limits**

**Election Expenses Not Subject to Limits**

**Other Expenses**

Accounting and audit services		0	0
Bank charges	0	47.90	0
Candidate's nomination deposit		250	
Convention, workshop and meeting fees and rentals	0	0	0
Data processing / information technology	0	0	0
Donations and gifts	0	0	0
Excess nomination expenses (from box D, form Sm-E-NC)	0		
Furniture and equipment	0	0	0
Insurance	0	0	0
Interest expense	0	0	0
Media advertising	0	0	0
Newsletters and promotional material (signs, brochures, etc.)	0	0	0
Office rent, utilities and maintenance	0	0	0
Office supplies, stationery	0	0	0
Personal expenses of candidate (from box G, form Sm-PE1)		0	
Postage and courier	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	0	0	0
Total cost of fundraising functions held during the campaign period (from box F, form Sm-F)		0	
Total cost of fundraising functions held outside the campaign period (from box G, form Sm-F)			0
Total net losses of fundraising functions which incurred net losses during the campaign period (from box H, form Sm-F)	0		
Other expenses (describe)	0	0	0
<b>Total Expenses</b>	<b>0</b>	<b>297.90</b>	<b>0</b>

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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  
ELIZABETH ANGELITA EJERCITO JALUAGUE

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

	Contributions greater than \$250		Contributions of \$250 or less	
Individuals	0	1a	200	1b
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)  
(box A = box A, S-A1) 0 | A 200 | B

Classified totals  
(A + B) 200 | C

Total anonymous contributions  
(from box A, S-A2) 0 | D

Total value of all political contributions from all sources  
(C + D) 200 | E

Total contributions of money 200 | F

Total contributions of goods, services and discounts  
(includes contributions through loans and debts) 0 | G  
(boxes F + G must equal box E)

Number of contributors who made contributions  
of \$250 or less in total value 1 | H

Total dollar amount of all income tax receipts issued  
(Leadership Contestants cannot issue tax receipts) \$ 0 | I

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

S-A1 (15/06)

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If form is for Nomination Contestant, please tick

NAME OF FILING ENTITY Elizabeth Angelita Ejercito Jaludgue

PAGE OF

Table with columns: FULL NAME OF CONTRIBUTOR, CLASS OF CONTRIBUTOR\*, INDIVIDUAL CONTRIBUTION AMOUNTS, DATE OF EACH INDIVIDUAL CONTRIBUTION, TOTAL OF CONTRIBUTOR'S CONTRIBUTIONS. Includes a large scribble over the table content.

\* 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 0

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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

SEE AMENDMENT

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			

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

<b>TOTAL OF INDIVIDUAL CONTRIBUTIONS</b>	A	0
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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  
Elizabeth Angelita Ejercito Jalugue

PAGE 1  
OF 1

DATE OF FUNCTION (YYYY/MM/DD)	DESCRIPTION OF FUNCTION	NUMBER OF PEOPLE ATTENDING	TOTAL AMOUNT OF ANONYMOUS CONTRIBUTIONS
<b>TOTAL</b>			<b>A 0</b>

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# PERMITTED ANONYMOUS CONTRIBUTIONS ACCEPTED AT FUNCTIONS

**SEE AMENDMENT**

**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
<b>TOTAL</b>			<b>A</b> <input type="text" value="0"/>

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PROHIBITED CONTRIBUTIONS

S-Ax  
 (15/09)

NAME OF FILING ENTITY  
 Elizabeth Angelita Ejercito Jalvague

PAGE 1  
 OF 1

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

TOTAL A 0

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**PROHIBITED CONTRIBUTIONS**

SEE AMENDMENT

S-Ax  
(15/09)

NAME OF FILING ENTITY

PAGE 1  
OF 1

DATE RECEIVED (YYYY/MM/DD)	CIRCUMSTANCES	AMOUNT	DATE RETURNED (YYYY/MM/DD)	OR	DATE REMITTED TO CHIEF ELECTORAL OFFICE (YYYY/MM/DD)
		TOTAL	A		0

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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

Elizabeth Angelita Ejercito Jaluague

### Paid by the Financial Agent

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 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 FINANCIAL AGENT

SEE AMENDMENT

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

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

Elizabeth Angelita Ejercito Jalvague

### 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 traveling

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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# 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

SEE AMENDMENT

Air travel

Bus, taxi

Rental vehicle

Private vehicle

Other (describe)

Total

A

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

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

Elizabeth Angelita Ejercito Jalvague

Number of fundraising functions held

0

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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# SUMMARY OF FUNDRAISING FUNCTIONS

(Total amounts from all forms S-F)

**SEE AMENDMENT**

Sm-F  
(15/07)

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 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)	
<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	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)

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If form is for Nomination Contestant, please tick

PAGE 1  
OF 1

NAME OF FILING ENTITY <b>Elizabeth Angelita Ejercito Jalvague</b>				
DATE OF EVENT (YYYY/MM/DD)		DESCRIPTION OF FUNDRAISING EVENT (IF A JOINT EVENT, IDENTIFY OTHER ENTITY)		
<b>Gross income reported as political contributions</b>				
	Number of Tickets Sold	Charge per Ticket	Total Charges Collected	Tick if Charge per Ticket Varies
Purchases by organizations			A	
Purchases by individuals of more than \$250 worth of tickets			B	
Purchases by individuals of tickets that are more than \$50 each			C	
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)				G
<b>Gross income not reported as political contributions</b>				
	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			H	
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)				L
Total gross income (G + L)				M
Total cost of function				N
Net income (loss) (box M-N)				O

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# FUNDRAISING FUNCTION SEE AMENDMENT

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

<input type="text"/>	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="text"/>	<input type="text"/>	<input type="text"/>	H	<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)

<input type="text"/>	L
----------------------	---

Total gross income (G + L)

<input type="text"/>	M
----------------------	---

Total cost of function

<input type="text"/>	N
----------------------	---

Net income (loss) (box M - N)

<input type="text"/>	O
----------------------	---

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## LOANS AND DEBTS FORGIVEN OR WRITTEN OFF

S-L2  
(15/09)

NAME OF FILING ENTITY Elizabeth Angelita Ejercito Jalvague

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OF 1

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				
<b>TOTALS</b>								<b>A</b>	0	<b>B</b>	0

\* 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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# LOANS AND DEBTS FORGIVEN OR WRITTEN OFF

# SEE AMENDMENT

S-L2  
(15/09)

NAME OF FILING ENTITY

PAGE 1

OF 1

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				
<b>TOTALS</b>								<b>A</b>	0	<b>B</b>	0

\* 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

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

NAME OF FILING ENTITY  
ELIZABETH ANGELITA EJERCITO JALUAGUE

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OF 1

DATE OF TRANSFER (YYYY/MM/DD)	NAME OF ENTITY TRANSFERRING MONEY, GOODS OR SERVICES	VALUE OF TRANSFER
2017/04/16	BC LIBERTARIAN PARTY	250
<b>TOTAL</b>		<b>A</b> 250

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# TRANSFERS GIVEN

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

NAME OF FILING ENTITY  
 ELIZABETH ANGELITA EJERCITO JALUAGUE

PAGE 1  
 OF 1

DATE OF TRANSFER (YYYY/MM/DD)	NAME OF ENTITY RECEIVING MONEY, GOODS OR SERVICES	VALUE OF TRANSFER
<del>2017/08/02</del> 2018/02/15	BC LIBERTARIAN PARTY	152.10
<b>TOTAL</b>		<b>A 152.10</b>

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**TRANSFERS GIVEN**

SEE AMENDMENT

S-T-Giv  
(15/06)

NAME OF FILING ENTITY  
ELIZABETH ANGELITA EJERCITO JALUAGUE

PAGE 1  
OF 1

DATE OF TRANSFER (YYYY/MM/DD)	NAME OF ENTITY RECEIVING MONEY, GOODS OR SERVICES	VALUE OF TRANSFER
2017 / 08 / 02	BC LIBERTARIAN PARTY	152.10
<b>TOTAL</b>		<b>A</b> 152.10

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