



# ELECTION FINANCING REPORT CANDIDATE

F-C  
(15/09)

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

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

CANDIDATE'S LAST NAME <i>Anderson</i>		FIRST NAME <i>James</i>	MIDDLE NAME(S) <i>Robert</i>
ELECTORAL DISTRICT <i>Cowichan Valley</i>		POLITICAL PARTY/AFFILIATION <i>BC Libertarian Party</i>	GENERAL VOTING DAY (YYYY / MM / DD) <i>2017 / 05 / 09</i>
FINANCIAL AGENT'S LAST NAME <i>Anderson</i>		FIRST NAME <i>James</i>	MIDDLE NAME(S) <i>Robert</i>
FINANCIAL AGENT'S MAILING ADDRESS <i>6238 Somenos Rd.</i>			CITY / TOWN <i>Duncan BC</i>
POSTAL CODE <i>V9L 1L58</i>	PHONE NUMBER <i>250 510 5268</i>	FAX NUMBER	EMAIL ADDRESS <i>libertyinCowichan@gmail.com</i>

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 checked="" type="checkbox"/> |
| Personal Expenses Paid by Contestant –                              | Form Sm-PE2  | <input checked="" 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>James</i>	DATE (YYYY / MM / DD) <i>2017 / 05 / 30</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 James Andersson

Total value of political contributions from all sources (from box E on form Sm-C) 400.<sup>00</sup>

Total transfers received (from box A on form S-T-Rcv) ~~0~~ 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) 400.<sup>00</sup> **A**  
650

Total value of election expenses subject to limits (from box A on form Sm-E) 398.43

Total value of election expenses not subject to limits (from box B on form Sm-E) ~~0~~ 250

Total value of other expenses (from box C on form Sm-E) 0

Total transfers given (from box A on form S-T-Giv) ~~0~~ 1.57

Total Expenditures (sum of above boxes) 398.43 **B**  
650

**For Candidates Only**

Balance in campaign account as of date of report ~~0~~ **C**  
0 0



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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 / 09 / 09

NAME OF FILING ENTITY  
*James Andersson*

Total value of political contributions from all sources (from box E on form Sm-C) *400.00*

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

Interest income *Ø*

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

Candidate's nomination deposit refund *Ø*

Other income (describe) *Ø*

**Total Income** (sum of above boxes) *400.00* **A**

Total value of election expenses subject to limits (from box A on form Sm-E) *398.43*

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

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

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

**Total Expenditures** (sum of above boxes) *398.43* **B**

### For Candidates Only

Balance in campaign account as of date of report ~~*157*~~ **C**

*Ø* *87*



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# SUMMARY OF EXPENSES

Sm-E  
(15/08)

NAME OF FILING ENTITY *James Anderson*

Election Expenses	Election Expenses Subject to Limits	Election Expenses Not Subject to Limits	Other Expenses
Accounting and audit services	0		
Bank charges	6.10		
Candidate's nomination deposit	0	250	
Convention, workshop and meeting fees and rentals	0		
Data processing / information technology	242.34		
Donations and gifts	0		
Excess nomination expenses (from box D, form Sm-E-NC)	0		
Furniture and equipment	0		
Insurance	0		
Interest expense	0		
Media advertising	149.99		
Newsletters and promotional material (signs, brochures, etc.)	0		
Office rent, utilities and maintenance	0		
Office supplies, stationery	0		
Personal expenses of candidate (from box G, form Sm-PE1)	0		
Postage and courier	0		
Professional services	0		
Research and polling	0		
Salaries and benefits	0		
Social functions / thank-you parties	0		
Telecommunications	0		
Travel	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		

**Total Expenses**    398.43    A    0    250    B    0    C



# SUMMARY OF EXPENSES

Sm-E  
(15/08)

SEE AMENDMENT

**ELECTIONS**  
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NAME OF FILING ENTITY *James Anderson*

### Election Expenses

### Election Expenses Subject to Limits

### Election Expenses Not Subject to Limits

### Other Expenses

Accounting and audit services	0		
Bank charges	6.10		
Candidate's nomination deposit	0		
Convention, workshop and meeting fees and rentals	0		
Data processing / information technology	242.34		
Donations and gifts	0		
Excess nomination expenses (from box D, form Sm-E-NC)	0		
Furniture and equipment	0		
Insurance	0		
Interest expense	0		
Media advertising	149.99		
Newsletters and promotional material (signs, brochures, etc.)	0		
Office rent, utilities and maintenance	0		
Office supplies, stationery	0		
Personal expenses of candidate (from box G, form Sm-PE1)	0		
Postage and courier	0		
Professional services	0		
Research and polling	0		
Salaries and benefits	0		
Social functions / thank-you parties	0		
Telecommunications	0		
Travel	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		

**Total Expenses**

398.43

A

0

B

0

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

*James Anderson*

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)

E
---

Total contributions of money

F
---

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

G
---

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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# PROHIBITED CONTRIBUTIONS

S-Ax

(15/09)

NAME OF FILING ENTITY  
*James Anderson*

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DATE RECEIVED (YYYY/MM/DD)	CIRCUMSTANCES	AMOUNT	DATE RETURNED (YYYY/MM/DD)	OR	DATE REMITTED TO CHIEF ELECTORAL OFFICE (YYYY/MM/DD)
TOTAL		A	<i>Ø</i>		

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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**,



# 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  
*James R Anderson*

**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 *Ø* **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

NAME OF FILING ENTITY James Anderson

**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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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 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

*James Anderson*

Number of fundraising functions held

<i>0</i>
----------

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

<i>0</i>	<b>A</b>
----------	----------

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

<i>0</i>	<b>B</b>
----------	----------

Total net income (or loss) from fundraising functions (A - B)

<i>0</i>	<b>C</b>
----------	----------

Total amount of gross income reported as political contributions  
(sum of boxes G on all S-F forms)

<i>0</i>	<b>D</b>
----------	----------

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

<i>0</i>	<b>E</b>
----------	----------

(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

<i>0</i>	<b>F</b>
----------	----------

Total cost of fundraising functions held outside the campaign period

<i>0</i>	<b>G</b>
----------	----------

Total net losses of fundraising functions which incurred net losses during the campaign period

<i>0</i>	<b>H</b>
----------	----------

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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

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NAME OF FILING ENTITY <i>James Anderson</i>	
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)

<input type="text"/>	<input type="text"/> D
<input type="text"/>	<input type="text"/> E
<input type="text"/>	<input type="text"/> F

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

<input type="text"/>	<input type="text"/> I
<input type="text"/>	<input type="text"/> J
<input type="text"/>	<input type="text"/> 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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**TRANSFERS RECEIVED**

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

NAME OF FILING ENTITY  
*James Anderson*

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DATE OF TRANSFER (YYYY/MM/DD)	NAME OF ENTITY TRANSFERRING MONEY, GOODS OR SERVICES	VALUE OF TRANSFER
2016/12/30	BC Libertarian Party	250
<b>TOTAL</b>	<b>A</b>	<i>250</i>





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# TRANSFERS RECEIVED

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

SEE AMENDMENT

NAME OF FILING ENTITY  
*James Anderson*

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DATE OF TRANSFER (YYYY/MM/DD)	NAME OF ENTITY TRANSFERRING MONEY, GOODS OR SERVICES	VALUE OF TRANSFER
<b>TOTAL</b>		<b>A</b>

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# TRANSFERS GIVEN

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

NAME OF FILING ENTITY  
*James Anderson*

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DATE OF TRANSFER (YYYY/MM/DD)	NAME OF ENTITY RECEIVING MONEY, GOODS OR SERVICES	VALUE OF TRANSFER
2017/12/28	BC Libertarian Party	1.57
<b>TOTAL</b>	<b>A</b>	<del>0</del> 1.57

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# TRANSFERS GIVEN

SEE AMENDMENT

S-T-Giv  
(15/06)

NAME OF FILING ENTITY <i>James Anderson</i>
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DATE OF TRANSFER (YYYY/MM/DD)	NAME OF ENTITY RECEIVING MONEY, GOODS OR SERVICES	VALUE OF TRANSFER
<b>TOTAL</b>		<b>A</b> <i>Ø</i>

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

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

NAME OF FILING ENTITY James Anderson

**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 **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**