

ELECTION FINANCING REPORT
CANDIDATE

Amendment # _____

CANDIDATE'S LAST NAME HAMMERSMARK		FIRST NAME JEFF	MIDDLE NAME(S)
ELECTORAL DISTRICT CHILLIWACK	POLITICAL PARTY/AFFILIATION BC GREEN PARTY		GENERAL VOTING DAY (YYYY / MM / DD) 2020 / 10 / 24
FINANCIAL AGENT'S LAST NAME GREEN		FIRST NAME ARTHUR	MIDDLE NAME(S) ALEXANDER
FINANCIAL AGENT'S MAILING ADDRESS P.O. Box 641,			CITY / TOWN HOPE, BC
POSTAL CODE V0X 1L0	PHONE NO. (604) 795-1524	EMAIL artgreen33@gmail.com	

This financing report includes the following forms:


FORMS CHECKLIST **X**

These forms must be included in all reports.	Statement of Election Income and Expenses	Form St-I&E-C	<input checked="" type="checkbox"/>
	Summary of Expenses	Form Sm-E-C	<input checked="" type="checkbox"/>

These forms only need to be filed if there is information to report.	Summary of Political Contributions	Form Sm-C	<input type="checkbox"/>
	Political Contributions with a Total Value Greater than \$250	Form S-A1	<input type="checkbox"/>
	Permitted Anonymous Contributions Accepted at Functions	Form S-A2	<input type="checkbox"/>
	Prohibited Contributions	Form S-Ax	<input type="checkbox"/>
	Summary of Advertising Expenses by Class	Form Sm-A-C	<input type="checkbox"/>
	Personal Expenses of the Candidate	Form Sm-PE	<input type="checkbox"/>
	Summary of Fundraising Functions	Form Sm-F	<input type="checkbox"/>
	Fundraising Function	Form S-F	<input type="checkbox"/>
	Loans and Guarantees	Form S-L	<input type="checkbox"/>
	Transfers Received and Given	Form S-TRF	<input type="checkbox"/>
Summary of Election Expense Reimbursement Claim	Form Sm-CR	<input type="checkbox"/>	
Details of Election Expense Reimbursement Claim	Form S-CR	<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 report is complete and accurate.

SIGNATURE OF FINANCIAL AGENT 	DATE (YYYY / MM / DD) 2020 / 10 / 28
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WARNING: Signing a false statement is a serious offence and is subject to significant penalties.

Please submit completed report to: electoral.finance@elections.bc.ca

**STATEMENT OF ELECTION
INCOME AND EXPENSES
CANDIDATE**

GENERAL VOTING DAY (YYYY/MM/DD)
2020/10/24

NAME OF CANDIDATE
JEFF HAMMERSMARK

Total value of political contributions from all sources (box D, Sm-C)

Total transfers received (box A, S-TRF)

Interest income

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

Candidate's nomination deposit refund

Election expense reimbursement

Other income (describe)

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

Total value of election expenses subject to limits (box A, Sm-E-C)

Total value of election expenses not subject to limits (box B, Sm-E-C)

Total value of expenses not used during campaign period (box C, Sm-E-C)

Total transfers given (box B, S-TRF)

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

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

SUMMARY OF EXPENSES
CANDIDATE

NAME OF FILING ENTITY

	Election expenses used during campaign period		Expenses not used during campaign period
	Subject to limits	Not subject to limits	
Accounting and audit services	0	0	
Advertising (Sm-A-C)	0	0	
Bank charges	0	0	
Candidate's nomination deposit	0	0	
Conventions, workshops and meetings	0	0	
Donations and gifts	0	0	
Excess nomination contestant expenses	0	0	
Fundraising functions (boxes F and G, Sm-F)	0	0	
Furniture and equipment	0	0	
Interest expense	0	0	
Net losses arising from fundraising functions during campaign period (box H, Sm-F)	0	0	
Office rent, utilities, insurance and maintenance	0	0	
Office supplies and stationery	0	0	
Personal expenses (Sm-PE)	0	0	
Postage and courier	0	0	
Professional services	0	0	
Research and data, including election surveys and polls	0	0	
Salaries and benefits	0	0	
Social functions	0	0	
Subscriptions and dues	0	0	
Telecommunications and information technology	0	0	
Travel	0	0	
Other expenses (describe)	0	0	
Total expenses	0.00	A 0.00	B 0.00 C