

ELECTION FINANCING REPORT
CANDIDATE

Amendment # _____

CANDIDATE'S LAST NAME LITZCKE		FIRST NAME KARIN	MIDDLE NAME(S)
ELECTORAL DISTRICT VANCOUVER KINGSWAY	POLITICAL PARTY/AFFILIATION BC LIBERTARIAN PARTY	GENERAL VOTING DAY (YYYY / MM / DD) 2020 / 10 / 24	
FINANCIAL AGENT'S LAST NAME LITZCKE		FIRST NAME KARIN	MIDDLE NAME(S)
FINANCIAL AGENT'S MAILING ADDRESS PO Box 14176 EL Dorado PO VANCOUVER BC		CITY / TOWN	
POSTAL CODE V5R 1049	PHONE NO. 236-818-6391	EMAIL litz@telus.net	

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 K.P. Litzcke	DATE (YYYY / MM / DD) 2021 / 01 / 18
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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 KARIN LITZCKE

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

KARIN LITZCKE CPN - BC LIBERTARIAN - VKI

	Election expenses used during campaign period		Expenses not used during campaign period
	Subject to limits	Not subject to limits	
Accounting and audit services			
Advertising (Sm-A-C)			
Bank charges			
Candidate's nomination deposit		250.00	
Conventions, workshops and meetings			
Donations and gifts			
Excess nomination contestant expenses			
Fundraising functions (boxes F and G, Sm-F)			
Furniture and equipment			
Interest expense			
Net losses arising from fundraising functions during campaign period (box H, Sm-F)			
Office rent, utilities, insurance and maintenance			
Office supplies and stationery			
Personal expenses (Sm-PE)			
Postage and courier			
Professional services			
Research and data, including election surveys and polls			
Salaries and benefits			
Social functions			
Subscriptions and dues			
Telecommunications and information technology			
Travel			
Other expenses (describe)			

Total expenses	0.00	A	250.00	B	0.00	C
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