

DISCLOSURE STATEMENT COVER PAGE LOCAL ELECTIONS CANDIDATE

4300 (22/02)

				A STATE OF THE STA
				GENERAL VOTING DAY (YYYY/MM/D 2022/10/15
ANDIDATE'S FULL NAME			BALLOT NAME (IF DIFF	ERENT)
LUCAS DEAN SORDON				,
ANDIDATE'S MAILING ADDRESS			PHONE NUMBER	
5423 /AMES . 00				0 6000
5423 LAWSON RO	PROV	POSTAL CODE	EMAIL (IF AVAILABLE)	9 9089
SECHELT				
	DC	V72 ON1		SORDON & SMALL CO
JRISDICTION			OFFICE SOUGHT	
PROUNICIAL			Councison.	
		- 2		
SECHELT B.C		10.11—0.1 42 MMY		
ALLOT NAME OF ENDORSING ELECTOR ORGANIZAT	TION (IE APPL	ICABLE)		
	HORE (II AFFE	NOABLE)		
ECAL MAME OF ENDORSING SUFOTOR ORGANIZATI				
EGAL NAME OF ENDORSING ELECTOR ORGANIZATI	ION (IF DIFFE	RENT)		
Tick if candidate is their own financial ager		T	ck if candidate was also	了。
NANCIAL AGENT'S FULL NAME (IF NOT ACTING AS C	OWN)		EFFECTIVE DATE OF A	PPOINTMENT (YYYY/MM/DD)
FINANCIAL AGENT'S MAILING ADDRESS			PHONE NUMBER	
ITY/TOWN	PROV	POSTAL CODE		:
TY/TOWN	PROV	POSTAL CODE	EMAIL (IF AVAILABLE)	2
ITY/TOWN	PROV	POSTAL CODE		6
ZERO CAMPAIGN ACTIVITY Candidates with zero campaign activity may file this forms applicable to the campaign. I. No income or deposits, including funds from the from previous elections, transfers, etc. R. No expenses, including signs reused from previous did not have a campaign account.	orm only. If an	y of the conditions	EMAIL (IF AVAILABLE) are not met, file other	Tick if candidate had zero campaign activity
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Please submit your report to Elections BC: electoral.finance@elections.bc.ca