

Amendment # _____

FULL NAME OF SPONSOR Hazel Mason			GENERAL VOTING DAY (YYYY/MM/DD) 2022/10/15	
SPONSOR'S USUAL NAME, ACRONYM, ABBREVIATIONS AND OTHER NAMES Hazel Mason			SPONSOR'S LEGAL NAME (IF DIFFERENT)	
MAILING ADDRESS 2918 St George St			PHONE NUMBER 604-314-6590	
CITY/TOWN Port Moody	PROV. BC	POSTAL CODE V3H 2H5	EMAIL (IF AVAILABLE)	

JURISDICTION WHERE SPONSOR WAS EITHER A CANDIDATE OR ELECTOR ORGANIZATION (IF APPLICABLE)

ELECTION AREA WHERE SPONSOR WAS EITHER A CANDIDATE OR ELECTOR ORGANIZATION (IF APPLICABLE)

For organizations only:

AUTHORIZED PRINCIPAL OFFICIAL'S FULL NAME				
AUTHORIZED PRINCIPAL OFFICIAL'S MAILING ADDRESS			PHONE NUMBER	
CITY/TOWN	PROV.	POSTAL CODE	EMAIL (IF AVAILABLE)	
RESPONSIBLE PRINCIPAL OFFICIAL'S FULL NAME				
RESPONSIBLE PRINCIPAL OFFICIAL'S MAILING ADDRESS				
CITY/TOWN	PROV.	POSTAL CODE		

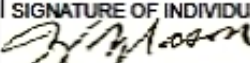
All responsible principal officials must be listed. Attach additional forms if necessary.

LIMITED ADVERTISING ACTIVITY

Advertising sponsored during the pre-campaign and campaign periods was less than \$500. No additional forms required.

DECLARATION:

I, the undersigned, declare that to the best of my knowledge and belief, this disclosure statement completely and accurately discloses the information required under the *Local Elections Campaign Financing Act*.

SIGNATURE OF INDIVIDUAL SPONSOR OR AUTHORIZED PRINCIPAL OFFICIAL FOR ORGANIZATION 	DATE (YYYY/MM/DD) 2023/01/02
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WARNING: Signing a false declaration is a serious offence and is subject to significant penalties.

Please submit your report to Elections BC: electoral.finance@elections.bc.ca