OFFICE OF THE ETHICS COMMISSIONER - PROVINCE OF ALBERTA



DESIGNATED OFFICE HOLDER'S ANNUAL ETHICS DISCLOSURE STATEMENT

Due 3pm, October 31, 2017 based on your financial affairs for as of September 30, 2017

Please submit via email to the Office of the Ethics Commissioner disclosure@ethicscommissioner.ab.ca

Designated Office Holder's Name		
Ministry/Section		
Preferred email address for future contact pertaining to questions arising from your disclosure		
	ve sought advice and in	et (the Act), Chapter C-23, Revised Statutes of Alberta 2000, formation from the Office of the Ethics Commissioner of information required to be disclosed
	inor children, and priva	t of my knowledge, all assets, liabilities, financial interests, te corporations controlled by any of us, or a combination of
	ment concerning myself	y official responsibilities and public duties and the matters and, as far as is known to me, my spouse, minor children,
		Investment and/or Financial Statements Included I Agree
Ethics Commissioner		Designated Office Holder's Signature
Date of Meeting with Designated	Office Holder	Date of Submission of Disclosure Forms
IMPORTANT: There are four sections in ONLY if they are relevant to you.	this form. Everyone mu	st Complete Sections 1. Complete Sections 2, 3, and/or 4

- 1. Designated Office Holder's Section 1 (ALL must complete)
- 2. Spouse or Adult Interdependent Partner Section 2 (complete **ONLY** if married or in an interdependent relationship)
- 3. Minor Children Section 3(complete ONLY if you have children who are under 18 years of age as of the reporting date above)
- 4. Private Corporations Section 4(complete one "private corporation" disclosure form for each company in which you or your spouse are a Director, or where any combination of you, your spouse and your children jointly hold more than 10% of the shares of a company).

If you have any questions, please feel free to contact us at 780-422-2273 or disclosure@ethicscommissioner.ab.ca

Section 1 Designated Office Holder

PERSONAL INFORMATION

Spouse/Adult Interdependent Partner		Or i	f N/A, check here	
Given Names of Children under 18		Birthdat	e (MM/DD/YY)	
		'		
Home Address:				
Street Address, City, and Postal Code	Work Phone	Cell Phone	Home Phone	
Current Employment Info (including any previous positions in the current disclosure period)				
Name of Company/Organization	Position	on/Title	Salary	
Government of Alberta				

Non-Profit Directorships and Offices (Example: non-profits, community leagues, etc.)			
Name of Company/Organization	Position Title		

CORPORATE INFORMATION

Private Corporations Private Corporations Private Corporations				
Name of Corporation/Organization	Director/Officer/Percentage			
	Ownership			

OTHER INCOME

	Gross Amount
Rental Income	
Disability or pension income	
Trust fund income	
Other income from Private Corporations	3
Other income (annuities)	
Other income (specify source)	
Other income (specify source)	

ASSETS (include all foreign assets/holdings)

*For urban properties, please use your municipal tax assessment value as provided in your assessment notice.

*For rural/farming properties, please use your best estimate of fair market value.

Real Property				
Туре	Location (street address or plan, block, lot and city/town)	*Assessed Value (per municipal assessment notice)	Outstanding mortgage balance	Who is your mortgage with (name of bank or institution)
Primary Residence				
Secondary Residence				
Recreational Property				
Rental Properties				
Rental Properties				
Rental Properties				
Other Properties				
Other Properties				

Bank Accounts and Other Deposits				
Type	Institution	Balance		
Chequing				
Savings				
Foreign Holdings (if applicable)				
Other Deposits or Accounts				
Other Deposits or Accounts				
Other Deposits or Accounts				
Other Deposits or Accounts				

Pension Rights			
Plan	Administrator		Years of Service
Life Insurance Police			
Insurer and type (w	hole or term)	Cash Surrender	Value or Insured Value
Household and Pers	sonal Property		
	nent value or appraised value	(only if applicable))
			Estimated Total Value
Art			
Jewelry			
Antiques and collect	tables		
Musical instruments	s and equipment		
Household contents			
Tools			

Car/Truck/Boat and Recreational Vehicles (include make and model),		Black Book Value		
bicycles, and motorbikes.		http://www.canadianblackbook.com/		
Year/Make/Model		Value		
Vehicle 1:				
Vehicle 2:				
Vehicle 3:				
Recreational Vehicle:				
Other Vehicle:				
Other Vehicle:				

INVESTMENTS

*IMPORTANT NOTE: Please attach actual, detailed investment statements showing all specific investments and holdings as of the disclosure date, or as close as possible, and as provided by your financial advisor and/or broker including, but not limited to the following:

- 1 RRSP/RSP/LIRA
- 2 Stocks, Corporate Bonds and Other Interests in Publicly Traded Securities
- 3 TFSA
- 4 RESP
- **5** GICs/Canada Savings Bonds/Term Deposits, and Government (federal, provincial, or municipal) Backed Securities

*Other Investments and Significant Assets – Not captured above			
	Value		

^{*} Please attach statements

LIABILITIES (includes all foreign liabilities/debts)					
Unpaid Municipal or Fe					
Type of unpaid tax (i.e. income, property)	Creditor/Agency (i.e. Municipality of X or Revenue Canada)	Amount Owing			Arrears pertaining to what years
Other Loans and Lines	of Credit				
Creditor			Amoi	unt Owi	ng
			•		
Guarantees					
Creditor	Principal	Debtor			Amount Guaranteed
Support Obligations					
Relationship to Recipier	<u>nt</u>	A	mount o	of Month	ly Obligation
L		l l			

Other Significant Liabilities			
Description of Liability	To Whom Owed	Amount Ow	ring
Legal Proceedings			
OTHER REDCOMAL OR E	INANCIAL INTERESTS NO	TAI DEADY DICCI	OCED
	INANCIAL INTERESTS NO	I ALKEADY DISCI	1
Description of Interest			Value
NON-COMMERCIAL AIR T	RAVEL – Please list all Non-Con	nmercial Air Travel	Include air
travel previously reported and			
OTHER PERTINENT DIS	CLOSURES		
Provide details below:			
Have you or your shouse re	eceived any inheritances of any	kind in the last year	?
If so, please provide details		mina in the last year	•
22 50, 510050 52 0 1200 0000115	,		

Section 2

Spouse or Adult Interdependent Partner (if applicable) Important Note: Please attachactual, detailed investment statements

Important Note: Please attach actual, detailed investment statements
(RRSP&Spousal/RSP/LIRA/Securities/TFSA/GICs/Bonds, etc.) showing all specific investments and holdings as at the disclosure dates and as provided by your financial advisor and/or broker.

Spouse/Partner Full	Name				
INCOME:					
Source of Income	Comp	any and Position		 Annual A	A mount
Employment Employment	Comp	any and i ostion		Aimuai	Amount
Business					
Rental					
Pension					
Investments					
Other					
	·			1	
ASSETS (include all	foreign	holdings) – if joint with	spouse, please e	enter "joint v	with spouse'
Real Property					
Location (street address o block, lot and city/town)	or plan,	*Assessed Value (per municipal assessment notice)	Outstandin balance	ng mortgage	Who is your mortgage with (name of bank or institution)
Bank Accounts and	Other 1				
Type		Institution	Balance		

Vehicles	Make/Model	Value
	Value	
Household and personal property		
(if separate from spouse/partner)		
	Name of Employer, Value and Years of Service	
Pension Rights		
0		
	Company Name and	l Value
Insurance Policies		
	Value	
Non-incorporated business		
interests		
	Attach Statements	
Investments	Attach detailed inve	estment statements

LIABILITIES: If joint with spouse, please enter "joint with spouse"				
	To Whom	Amount		
Unpaid Municipal Realty Taxes				
Loans or Lines of Credit				
Guarantees				
Unpaid Income Tax				
Support Obligations				
Other Significant Liabilities				

OTHER PERTINENT DISCLOSURES AND FINANCIAL	LINTERESTS – if joint with spouse, please enter "joint with spouse"

Section 3

Minor Children (under the age of 18)

Please attach actual, detailed investment statements

(RRSP/RSP/RESP/LIRA/Securities/TFSA/GICs/Stocks/Bonds, etc.) showing all specific investments and holds as at the disclosure date and as provided by your financial advisor and/or broker.

Minor Child/Children Given Names		Surname if Different
NICOME		
INCOME:		
Source of Income		Annual Amount
ASSETS: - include foreign holdings if	annlic	ahle
	applica	able
	applica	able
Bank Accounts	applica	able
Bank Accounts	applica	able
Sank Accounts Sonds and Government Securities	applica	able
Bank Accounts Bonds and Government Securities	applica	able
Bank Accounts Bonds and Government Securities Life Insurance	applica	able
ASSETS: - include foreign holdings if Bank Accounts Bonds and Government Securities Life Insurance Annuities/Trust Fund	applica	able
Bank Accounts Bonds and Government Securities Life Insurance Annuities/Trust Fund	applica	able
Sank Accounts Sonds and Government Securities Life Insurance	applica	able

LIABILITIES:	
Loans	
Unpaid Income Tax	
Other Significant Liabilities	
OTHER SIGNIFICANT INTERESTS	

Section 4

Private Corporations

Note: Please complete one 'Private Corporation' disclosure form for each company in which you or your spouse are a Director, or where any combination of you, your spouse and your children jointly hold more than 10% of the shares of a company.

NAME OF CORPORATION:			
ANNUAL CORPORATE INCOM	ME:		
Gross:			
Net:			
Addense			
ASSETS:			
Real Property	1 1 1 1	0	****
Location (street address or plan, block, lot and city/town)	Assessed Value (per municipal assessment	Outstanding mortgage balance	Who is your mortgage with (name of bank or
	notice)		institution)
Cash and Equivalencies			,
Bonds and Government Securities			
GICs, Term Deposits, etc.			
Stocks/Securities/Interests			
in Public Corporations			
Annuities			
Other Business Interests			
Equipment			
Furnishings and Other Corporate Property			

LIABILIBITES	
Legal Proceedings	
Unpaid Income Tax	
Loans and Lines of Credit	
Unpaid Municipal Taxes	
Other Significant Liabilities	
OTHER FINANCIAL INTE	RESTS: