OFFICE OF THE ETHICS COMMISSIONER - PROVINCE OF ALBERTA



DESIGNATED OFFICE HOLDER ANNUAL ETHICS DISCLOSURE STATEMENT

Based on your financial affairs as of June 30, 2022

Due noon, September 7, 2022

Please submit via email along with accompanying investment and/or financial statements to disclosure@ethicscommissioner.ab.ca

Designated Office Holder's		
Name		
Ministry/Section		
Preferred email address for future contact pertaining to questions arising from your disclosure		
DECL ADATION.		
	ice and information from t	Act), Chapter C-23, Revised Statutes of Alberta 2000, and all he Office of the Ethics Commissioner of Alberta where needed osed
		nowledge, all assets, liabilities, financial interests, and income of lled by any of us, or a combination of us, as required by the
		responsibilities and public duties and the matters contained in on to me, my spouse, minor children, and private corporations
		Financial Statements Included
		I Agree
Ethics Commissioner		Designated Office Holder's Signature
Date of Meeting with Designate	od Office Holder	Date of Submission of Disclosure Forms
IMPORTANT: There are four section Complete Sections 2, 3, and/or 4 ONL		

- - 1. 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 January 1 of this disclosure period)
 - 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 disclosure@ethicscommissioner.ab.ca

Section 1 DESIGNATED OFFICE HOLDER

PERSONAL INFORMATION

Spouse/Adult Interdependent Partner			Or if N/	A, check here	
Given Names of Children under 18			Birthdate DD/MO/Yea	_	
			DD/MO/Yea	ır	
Home Address:					
Street Address, City and Postal Code	Work Pho	ne	Cell Phone	Home Phone	
Current Employment Info (including any p	previous posi			re period)	
Name of Company/Organization		Positio	on/Title	Salary	

CORPORATE INFORMATION

Private Corporations		
Name of Corporation/Organization		Director/Officer/Percentage Ownership
L		
Non-Profit Directorships and Offices (Example	: non-profits, co	mmunity leagues, etc.)
Name of Company/Organization		Position Title
OTHER INCOME If you have received income from any source in	the last year oth	ner than previously noted, please
provide details below.	·	• • • • • • • • • • • • • • • • • • • •
	Gross Amoun	t
Rental Income		
Disability or pension income		
Trust fund income		
Other income from Private Corporations		
Other income (specify source)		
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 (see note above)	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 Policies			
Insurer and type (whole or	term)	Cash Surrender	· Value or Insured Value
Household and Personal Pr (estimated replacement val		(only if applicable)))
(estimated replacement var	ue of appraised value	(only if applicable)	<u> </u>
Art			Estimated Total Value
Ait			
Jewelry			
v			
Antiques and collectables			
Musical instruments and ed	quipment		
Household contents			
110 applicate Continue			Í

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

INVESTMENTS

*IMPORTANT NOTE: <u>Please attach actual</u>, <u>detailed investment statements showing all specific investments and holdings as of the disclosure date</u>, 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

Do you hold, or own, any crypto-currency investments or derivatives of any kind?

YES NO

If YES, please attach statements or list which crypto investments you hold, how many units/ shares you have, and provide the most recent market value (as listed on your crypto-currency exchange or in your crypto-currency wallet).

LIABILITIES (include all foreign liabilities/debts)

		_		
Unpaid Municipal or Fo	ederal Taxes			
Type of unpaid tax (i.e.: income, property	Creditor/Agency (ie: Municipality of X or Revenue Canada)	Amount	Owing	Arrears pertaining to what years
	1	1		
Other Loans and Lines	of Credit			
Creditor			Amount Owi	ng
Guarantees				
Creditor	Principa	l Debtor		Amount Guaranteed
			1	
Support Obligations				
Relationship to Recipie	nt	Ar	nount of Month	nly Obligation
1				•

Other Significant Liabilities			
Description of Liability	To Whom Owed	Amount Ow	ring
		<u>.</u>	
Legal Proceedings			
OTHER PERSONAL OR F	FINANCIAL INTERESTS NO	T ALREADY DISCI	OSED
Description of Interest			Value
Debet part of the control of			Y think
	RAVEL – Please list all Non-Con	nmercial Air Travel -	Include air
travel previously reported and	any travel not yet reported.		
OTHER PERTINENT DIS	CLOSURES		
Provide details below:			
**		11 11 (1 1 4	0
	eceived any inheritances of any	kind in the last year	?
If so, please provide details	•		

Section 2

Spouse or Adult Interdependent Partner (if applicable)

Important Note: Please attachactual, DETAILED investment statements

(RRSP&Spousal/RSP/LIRA/Securities/TFSA/GICs/Bonds, etc.) showing all specific investmentsand holdings as at the disclosure dates and as provided by your financial advisor and/or broker.

Spouse/Partner Full	Name				
INCOME:					
Source of Income	Compan	y and Position		Annual A	Amount
Employment					
Business					
Rental					
Pension					
Investments					
Other					
	l				
ASSETS (include all	foreign h	oldings) – if joint with	n spouse, please e	nter "joint v	vith spouse"
Real Property					
Location (street address oblock, lot and city/town)	m	Assessed Value (per unicipal assessment otice)	Outstandin balance	g mortgage	Who is your mortgage with (name of bank or institution)
Bank Accounts and	Other De	posits			'
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		
	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 INTERESTS – 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.

If you have minor child/children under 18 years of age as of the reporting date, please provide details below.				
Minor Child/Children Given Names		Surname if Different		
INCOME:				
Source of Income		Annual Amount		
ASSETS: - include foreign holdings if ap	plica	able		
Bank Accounts				
Bonds and Government Securities				
Life Insurance				
Annuities/Trust Fund				
RESP (attach detailed statements)				
Other Significant Assets				

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:			
ASSETS:			
Real Property	T		1
Location (street address or plan, block, lot	Assessed Value (per	Outstanding	Who is your mortgage
and city/town)	municipal assessment	mortgage balance	with (name of bank or
	notice)		institution)
Cash and Equivalencies			1
Bonds and Government Securities			
GICs, Term Deposits, etc.			
Stocks/Securities/Interests			
in Public Corporations			
Annuities			
Other Business Interests			
Equipment			
Furnishings and Other			
Cornorate Property			

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