#### OFFICE OF THE ETHICS COMMISSIONER - PROVINCE OF ALBERTA





## Based on your financial affairs as of September 30, 2022

#### Due noon, January 3, 2023

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 |   |
| DECLARATION:  |   |
| I am familiar with the requirements of the Co   | nflicts of Interest Act (the Act), Chapter C-23, Revised Statutes of Alberta 2000, and al ice and information from the Office of the Ethics Commissioner of Alberta where needed rmation required to be disclosed |
|   | scloses, to the best of my knowledge, all assets, liabilities, financial interests, and income of private corporations controlled by any of us, or a combination of us, as required by the                        |
|   |   |
| this private disclosure statement concerning m  | nterest between my official responsibilities and public duties and the matters contained in yself and, as far as is known to me, my spouse, minor children, and private corporations                              |
|   |   |
| this private disclosure statement concerning m  | yself and, as far as is known to me, my spouse, minor children, and private corporations  |
| this private disclosure statement concerning m  | yself and, as far as is known to me, my spouse, minor children, and private corporations  Financial Statements Included   |
| this private disclosure statement concerning m  | yself and, as far as is known to me, my spouse, minor children, and private corporations  Financial Statements Included   |

- 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<br>DD/MO/Ye | ear            |
|  |              |       |                       |                |
|  |              |       |                       |                |
| Home Address:  | W LDI        |       | C UN                  | Lw D           |
| Street Address, City and Postal Code                                     | Work Ph      | one   | Cell Phone            | Home Phone     |
|  |              | :4: : | 4h                    |                |
| Current Employment Info (including any p<br>Name of Company/Organization | orevious pos |       | on/Title              | Salary         |
|  |              |       |                       |                |
|  |              |       |                       |                |

### **CORPORATE INFORMATION**

| Private Corporations   |                   |  |
|--|-------------------|--|
| Name of Corporation/Organization                             |                   | Director/Officer/Percentage<br>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         | Real Property   |                                     |                                    |   |  |
|-----------------------|---|-------------------------------------|------------------------------------|---|--|
| Туре                  | Location (street address or<br>plan, block, lot and<br>city/town) | *Assessed Value<br>(see note above) | Outstanding<br>mortgage<br>balance | Who is your<br>mortgage<br>with (name of<br>bank or<br>institution) |  |
| Primary Residence     |   |                                     |                                    |   |  |
| Secondary Residence   |   |                                     |                                    |   |  |
| Recreational Property |   |                                     |                                    |   |  |
| Rental Properties     |   |                                     |                                    |   |  |
| Rental Properties     |   |                                     |                                    |   |  |
| Rental Properties     |   |                                     |                                    |   |  |
| Other Properties      |   |                                     |                                    |   |  |
| Other Properties      |   |                                     |                                    |   |  |

| Bank Accounts and other Deposits |             |         |  |
|----------------------------------|-------------|---------|--|
| Туре                             | Institution | Balance |  |
| Chequing                         |             |         |  |
| Savings                          |             |         |  |
| Foreign Holdings (if applicable) |             |         |  |
| Other Deposits or Accounts       |             |         |  |
| Other Deposits or Accounts       |             |         |  |
| Other Deposits or Accounts       |             |         |  |
| Other Deposits or Accounts       |             |         |  |

| <b>Pension Rights</b>      |   |                      |                        |
|----------------------------|---|----------------------|------------------------|
| Plan                       | Administrator                                 |                      | Years of Service       |
|                            |   |                      |                        |
|                            |   |                      |                        |
|                            |   |                      |                        |
|                            |   |                      |                        |
|                            |   |                      |                        |
|                            |   |                      |                        |
| Life Insurance Polici      | ies   |                      |                        |
| Insurer and type (wh       | nole or term)                                 | Cash Surrender       | Value or Insured Value |
|                            |   |                      |                        |
|                            |   |                      |                        |
|                            |   |                      |                        |
|                            |   |                      |                        |
|                            |   |                      |                        |
|                            |   |                      |                        |
| Household and Perso        | onal Property<br>ent value or appraised value | (only if applicable) | 1)                     |
| (estimateu repiaceme       | and value of appraised value                  | (only if applicable) |                        |
| Art                        |   |                      | Estimated Total Value  |
| Ait                        |   |                      |                        |
| Jewelry                    |   |                      |                        |
|                            |   |                      |                        |
| Antiques and collecta      | ables   |                      |                        |
|                            |   |                      |                        |
| <b>Musical instruments</b> | and equipment                                 |                      |                        |
|                            |   |                      |                        |
| Household contents         |   |                      |                        |
| Tools                      |   |                      |                        |
| 1 0018                     |   |                      |                        |

| Car/Truck/Boat and Recreational Vehicles (include make and model), , bicycles, and motorbikes. | Black Book Value<br>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 |  |
|  |       |  |
|  |       |  |
|  |       |  |
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|  |       |  |

<sup>\*</sup> 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                        | Unpaid Municipal or Federal Taxes                               |          |                |                                  |  |
| Type of unpaid tax<br>(i.e.: income, property | Creditor/Agency (ie:<br>Municipality of X or<br>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 |                | <b>Amount Guaranteed</b>         |  |
|   |   |          |                |                                  |  |
|   |   |          |                |                                  |  |
|   |   |          |                |                                  |  |
|   |   |          | 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        |
| <b>Description of Interest</b> |                                 |                       | 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  |           |   |                        |               |   |
|  |           |   |                        |               |   |
| ASSETS (include all                                      | foreign h | oldings) – if joint with                              | spouse, please e       | nter "joint v | vith spouse"  |
| Real Property  | 1         |   | ı                      |               | T   |
| Location (street address of<br>block, lot and city/town) | m         | Assessed Value (per<br>nunicipal assessment<br>otice) | Outstanding<br>balance | g mortgage    | Who is your mortgage with (name of bank or institution) |
|  |           |   |                        |               |   |
|  |           |   |                        |               |   |
|  |           |   |                        |               |   |
| <b>Bank Accounts and</b>                                 |           |   |                        |               |   |
| 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                         |                          |                            |
|                                   | <b>Attach Statements</b> |                            |
| Investments                       | Attach detailed inve     | estment statements         |
|                                   |                          |                            |
|                                   |                          |                            |

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

| OTHER PERTINENT DISCLOSURES AND FINANCIAL | L INTERESTS – if joint with spouse, please enter "joint with spouse" |
|---|--|
|   |  |
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# **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  |       |                      |  |  |
| <b>Bonds and Government Securities</b>   |       |                      |  |  |
| Life Insurance   |       |                      |  |  |
| Annuities/Trust Fund   |       |                      |  |  |
| RESP (attach detailed statements)  |       |                      |  |  |
| Other Significant Assets   |       |                      |  |  |

| LIABILITIES:                  |  |
|-------------------------------|--|
| Loans                         |  |
| Unpaid Income Tax             |  |
| Other Significant Liabilities |  |
|                               |  |
| OTHER SIGNIFICANT INTERESTS   |  |
|                               |  |
|                               |  |
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# **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:  |  |                              |  |
| A COETO.  |  |                              |  |
| ASSETS:   |  |                              |  |
| Real Property   | T  |                              | T  |
| 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                                      |  |                              |  |
| <b>Bonds and Government Securities</b>                      |  |                              |  |
| GICs, Term Deposits, etc.                                   |  |                              |  |
| Stocks/Securities/Interests in Public Corporations          |  |                              |  |
| Annuities   |  |                              |  |
| Other Business Interests                                    |  |                              |  |
| Equipment   |  |                              |  |
| Furnishings and Other                                       |  |                              |  |

| LIABILITIES                      |        |
|----------------------------------|--------|
| <b>Legal Proceedings</b>         |        |
| <b>Unpaid Income Tax</b>         |        |
| <b>Loans and Lines of Credit</b> |        |
| <b>Unpaid Municipal Taxes</b>    |        |
| Other Significant Liabilities    |        |
|                                  |        |
| OTHER FINANCIAL INTE             | RESTS: |
|                                  |        |
|                                  |        |
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