OFFICE OF THE ETHICS COMMISSIONER - PROVINCE OF ALBERTA



PREMIER'S AND MINISTERS' STAFF ANNUAL ETHICS DISCLOSURE STATEMENT

Based on your financial affairs as of March 31, 2023

Due noon, June 26, 2023- DO NOT SUBMIT BEFORE JUNE 1, 2023

Please submit via email to disclosure@ethicscommissioner.ab.ca

Premier's or iv	imisters	I	
Staff Name			
Ministry			
Preferred email addresserved pertaining to question	ess for future contact		
disclosure			
	(ON)		
DECLARATI		C C' CI	(4) A () Cl. (C 22 P. 1 10 () (C All () 2000
			act (the Act), Chapter C-23, Revised Statutes of Alberta 2000, information from the Office of the Ethics Commissioner
			I the information required to be disclosed.
			est of my knowledge, all assets, liabilities, financial interests,
	yseir, my spouse, my my the aforementioned Ac		ate corporations controlled by any of us, or a combination of
, 401100 0)		••	
			ny official responsibilities and public duties and the matters
			f and, as far as is known to me, my spouse, minor children,
and private corpo	orations controlled by an	y of us.	
			Investment and/or Financial Statements Inc
			I Agree
			Ingree
Ethics Commi	ssioner		Premier's or Ministers' Staff
Date of Meetin	ng with Premier's		Date of Submission of Disclosure Forms
or Ministers' S			Date of Businession of Bisciosure 1 offis
IMPORTANT: T	here are four sections in	ı this form. Everyone n	nust complete Sections 1. Complete Sections 2, 3, and/or
	re relevant to you.	,	•
1.	Premier's and Ministe	ers' Staff Section 1 (AL)	<u>L must complete)</u>
2.	-	dependent Partner Secti	on 2 (complete ONLY if married or in an interdependent
_	relationship)		
3.			you have children who are under 18 years of age as of January
4	1 of this disclosure pe	,	
4.	-		"private corporation" disclosure form for each company in whe
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If you have any questions, please feel free to contact us at 780-422-2273 or disclosure@ethicscommissioner.ab.ca

hold more than 10% of the shares of a company).

Section 1 Premier's and Ministers' Staff

PERSONAL INFORMATION

Spouse/Adult Interdependent Partner	Or if	N/A, check here	
Given Names of Children under 18		Birthdate	e (MM/DD/YY)
Home Address:			
Street Address, City, and Postal Code	Work Phone	Cell Phone	Home Phone
Current Employment Info (including any pr			
Name of Company/Organization		the current discon/Title	closure period) Salary
Name of Company/Organization			

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

CORPORATE INFORMATION

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 (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 Polic		
Insurer and type (wl	hole or term)	Cash Surrender Value or Insured Value
**	10	
Household and Perso	onal Property	(order if more is able))
(estimated replaceme	ent value or appraised value	
		Estimated Total Value
Art		
Jewelry		
Antiques and collect	ables	
Musical instruments	and equipment	
Household contents		
Tools		

Car/Truck/Boat and Recre	Check www.autotrader.ca	
bicycles, and motorbikes.		
	Year/Make/Model	Value
Vehicle 1:		
Vehicle 2:		
Vehicle 3:		
Recreational Vehicle:		
Other Vehicle:		
Other Vehicle:		

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 (includes all foreign liabilities/debts)						
Unpaid Municipal or Fe		101 01611		iesi deses	/	
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			Amo	unt Owi	ng	
			•			
Guarantees						
Creditor	Principal	Debtor			Amount Guaranteed	
Support Obligations						
Relationship to Recipier	<u>nt</u>	Aı	mount (of Month	ly Obligation	

Other Significant Liabilities			
Description of Liability	To Whom Owed	Amount Ow	ing
Legal Proceedings			
Legar Frocecungs			
OTHER PERSONAL OR F	FINANCIAL INTERESTS NO	T ALREADY DISCI	LOSED
Description of Interest			Value
	TRAVEL – Please list all Non-Con	nmercial Air Travel -	Include air
travel previously reported and	l any travel not yet reported.		
OTHER PERTINENT DIS	CLOSURES		
Provide details below:	CLOSCRES		
Troviuc uctans below.			
Have you or your spouse ro	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

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 FINANCIA	L 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.

Minor Child/Children Given Names		Surname if Different
INCOME:		
Source of Income		Annual Amount
Bource of Medice		
	applica	able
	applica	able
Bank Accounts	applica	able
ASSETS: - include foreign holdings if Bank Accounts Bonds and Government Securities	applica	able
Bank Accounts Bonds and Government Securities	applica	able
Bank Accounts Bonds and Government Securities	applica	able
Bank Accounts Bonds and Government Securities Life Insurance	applica	able
Bank Accounts	applica	able
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
Bank Accounts Bonds 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:			
ACCEPTO			
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			
Bonds and Government Securities			
GICs, Term Deposits, etc.			
Stocks/Securities/Interests			
in Public Corporations			
Annuities			
Other Business Interests			
Equipment			
Furnishings and Other Corporate Property			

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