



**DESIGNATED OFFICE HOLDER
ANNUAL ETHICS DISCLOSURE STATEMENT**

Based on your financial affairs as of June 30, 2023

Due noon, September 19, 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 Conflicts of Interest Act (the Act), Chapter C-23, Revised Statutes of Alberta 2000, and all subsequent amendments and have sought advice and information from the Office of the Ethics Commissioner of Alberta where needed to inform myself of my obligations and the information required to be disclosed.

This private disclosure statement accurately discloses, to the best of my knowledge, all assets, liabilities, financial interests, and income of myself, my spouse, my minor children, and private corporations controlled by any of us, or a combination of us, as required by the aforementioned Acts.

I hereby certify that there are no conflicts of interest between my official responsibilities and public duties and the matters contained in this private disclosure statement concerning myself and, as far as is known to me, my spouse, minor children, and private corporations controlled by any of us.

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 this form. Everyone must Complete Section 1.*

Complete Sections 2, 3, and/or 4 ONLY if they are relevant to you.

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/Year

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/Title	Salary

CORPORATE INFORMATION

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

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

OTHER INCOME

If you have received income from any source in the last year other than previously noted, please provide details below.	
	Gross Amount
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

Type	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		

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 Property (estimated replacement value or appraised value <i>(only if applicable)</i>)	
	Estimated Total Value
Art	
Jewelry	
Antiques and collectables	
Musical instruments and equipment	
Household contents	
Tools	

Car/Truck/Boat and Recreational Vehicles (include make and model), , bicycles, and motorbikes.	Check www.autotrader.ca
Year/Make/Model	Value
Vehicle 1:	
Vehicle 2:	
Vehicle 3:	
Recreational Vehicle:	
Other Vehicles:	
Other Vehicles:	

LIABILITIES (include all foreign liabilities/debts)

Unpaid Municipal or Federal 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

Other Loans and Lines of Credit	
Creditor	Amount Owing

Guarantees		
Creditor	Principal Debtor	Amount Guaranteed

Support Obligations	
Relationship to Recipient	Amount of Monthly Obligation

Other Significant Liabilities		
Description of Liability	To Whom Owed	Amount Owing

Legal Proceedings

OTHER PERSONAL OR FINANCIAL INTERESTS NOT ALREADY DISCLOSED	
Description of Interest	Value

NON-COMMERCIAL AIR TRAVEL – Please list all Non-Commercial Air Travel - Include air travel previously reported and any travel not yet reported.

OTHER PERTINENT DISCLOSURES
Provide details below:

Have you or your spouse received 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 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	
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INCOME:		
Source of Income	Company and Position	Annual Amount
Employment		
Business		
Rental		
Pension		
Investments		
Other		

ASSETS (include all foreign holdings) – if joint with spouse, please enter “joint with spouse”			
Real Property			
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)
Bank Accounts and Other Deposits			
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 Value	
Insurance Policies		
	Value	
Non-incorporated business interests		
	Attach Statements	
Investments	Attach detailed investment 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 applicable	
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 INCOME:	
Gross:	
Net:	

ASSETS:			
Real Property			
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)
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 INTERESTS: