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



#### PREMIER'S AND MINISTERS' STAFF ANNUAL ETHICS DISCLOSURE STATEMENT

### Based on your financial affairs as of September 30, 2023

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

Premier's or M	linisters'			
Staff Name				
Ministry				
Preferred email addre pertaining to question disclosure				
and all subsequer of Alberta where This private discland income of m us, as required by I hereby certify to contained in this	the requirements of the nt amendments and have needed to inform mysel losure statement accurate yself, my spouse, my my the aforementioned Actual there are no conflict	e sought advice and information of my obligations and the information of my obligations and the information of my obligations, and private corporations.  It is of interest between my official and concerning myself and, as formation of myself and myself and, as formation of myself and m	t), Chapter C-23, Revised Statutes of Alberta 2000, on from the Office of the Ethics Commissioner mation required to be disclosed.  Enowledge, all assets, liabilities, financial interests, ations controlled by any of us, or a combination of responsibilities and public duties and the matters ar as is known to me, my spouse, minor children,	
and private corpo	nations controlled by an	or us.	¬	
			Investment and/or Financial Statements Includ  I Agree	ed
Ethics Commi	ssioner	Pre	mier's or Ministers' Staff	
Date of Meeting or Ministers' S	ng with Premier's	Dat	e of Submission of Disclosure Forms	
	there are four <b>sections</b> in the relevant to you.	this form. Everyone must comp	lete Sections 1. Complete Sections 2, 3, and/or	
1.	Premier's and Ministe	rs' Staff Section 1 (ALL must con	<u>nplete)</u>	
2.	Spouse or Adult Inter- relationship)	ependent Partner Section 2 (com	plete ONLY if married or in an interdependent	
3.	Minor Children Section 1 of this disclosure pe		children who are under 18 years of age as of January	
4.	Private Corporations S	ection 4(complete <b>one "private c</b>	orporation" disclosure form for each company in which	

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).

you or your spouse are a Director, or where any combination of you, your spouse and your children jointly

## 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
-			
			1
Current Employment Info (including any pr	ovious positions in	the armont dis-	alaguma maniad)
		on/Title	
Name of Company/Organization Government of Alberta	POSITIO	m/ Hue	Salary
Government of Ameria			

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

#### CORPORATE INFORMATION

Private Corporations			
Director/Officer/Percentage			
Ownership			

#### 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 (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				
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				

Pension Rights			
Plan	Administrator		Years of Service
Life Insurance Police	cies		
Insurer and type (w	hole or term)	Cash Surrender	Value or Insured Value
**	15		
Household and Pers		( <b>l</b> : <b>f l</b> : <b>l</b> . <b>l</b>	<b>\</b>
(estimated replacem	nent value or appraised value	(only ij applicable)	
			Estimated Total Value
Art			
Jewelry			
Antiques and collect	tables		
Musical instruments	s and equipment		
<b>Household contents</b>			
Tools			

Car/Truck/Boat and Recreational Vehicles (include make and model),		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		

<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 (includes all foreign liabilities/debts)					
Unpaid Municipal or Fe		101 01611				
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			Amount	Owing		
Guarantees						
Creditor	Principal	Debtor		<b>Amount Guaranteed</b>		
<b>Support Obligations</b>						
Relationship to Recipier	nt	Aı	nount of M	Ionthly Obligation		

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	
<b>Description of Interest</b>			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 spouse received 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 oblock, 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)
<b>Bank Accounts and</b>	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
<b>Insurance Policies</b>		
	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	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
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			
<b>Bonds and Government Securities</b>			
GICs, Term Deposits, etc.			
Stocks/Securities/Interests			
in Public Corporations			
Annuities			
Other Business Interests			
Equipment			
Furnishings and Other Corporate Property			

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