CONFIDENTIAL

OFFICE OF THE ETHICS COMMISSIONER - PROVINCE OF ALBERTA **MEMBER**



ANNUAL ETHICS DISCLOSURE STATEMENT

based on your financial affairs as of December 31, 2023

Due noon, February 6, 2024

Please submit via email to the Office of the Ethics Commissioner disclosure@ethicscommissioner.ab.ca

| Member Name | | |
|---|--|-----|
| Constituency | | |
| Preferred email address for future contact pertaining to questions arising from your disclosure | | |
| 2000, and all subsequent amendments and | Conflicts of Interest Act (the Act), Chapter C-23, Revised Statutes of Alberta have sought advice and information from the Office of the Ethics Commissioner of my obligations and the information required to be disclosed. | |
| | ely discloses, to the best of my knowledge, all assets, liabilities, financial interests, nor children, and private corporations controlled by any of us, or a combination of . | |
| | of interest between my official responsibilities and public duties and the matters nent concerning myself and, as far as is known to me, my spouse, minor children, y of us. | |
| | I Agree Investment and/or Financial Statements Includ Gift Tracking Sheet Included | led |
| Ethics Commissioner | Member's Signature | |
| Date of Meeting with Member | 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. Member's Section 1 (ALL must complete)
- 2. Spouse or Adult Interdependent Partner Section 2 (complete ONLY if married or in an interdependent
- 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 780-422-2273 or disclosure@ethicscommissioner.ab.ca

Section 1 Member

PERSONAL INFORMATION

| Spouse/Adult Interdependent Partner | Or if N/A, check here |
|-------------------------------------|-----------------------|
| | |
| | |

| Given Names of Children under 18 | Birthdate (MM/DD/YY) |
|----------------------------------|----------------------|
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| Home Address: | | | |
|---------------------------------------|------------|------------|------------|
| Street Address, City, and Postal Code | Work Phone | Cell Phone | Home Phone |
| | | | |
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| | | | |

| Current Employment Info (including any previous positions in the current disclosure period) | | | |
|---|----------------|-----------|--|
| Name of Company/Organization | Position/Title | Salary | |
| Government of Alberta | MLA | \$120,936 | |
| Additional remuneration for additional, special or committee allowances (i.e. Minister, Whip, Leader, or Committee Chair) | | | |
| Other | | | |

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

| PrivateCorporations | | |
|-----------------------------|--|--|
| Director/Officer/Percentage | | |
| Ownership | | |
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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 or 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 |
| | | | |
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| | | | |
| Life Insurance Police | cies | | |
| Insurer and type (w | whole or term) | Cash Surrender | Value or Insured Value |
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| | sonal Property - estimated repl | | |
| Appraisal not necessa | ary but may be submitted if ava | Hable | |
| | | | Estimated Total Value |
| Art | | | |
| Jewelry | | | |
| Jeweny | | | |
| Antiques and collect | tables | | |
| Timeques and conce | <i>cubics</i> | | |
| Musical instruments | s and equipment | | |
| | * * | | |
| Household contents | | | |
| | | | |
| Tools | | | |

| Car/Truck/Boat and Recreational Vehicles (include make and model), bicycles, and motorbikes. | Check w | ww.autotrac | ler.ca |
|--|----------|-------------|--------|
| Year/Make/Model | Value | | |
| Vehicle 1: | | | |
| Vehicle 2: | | | |
| Vehicle 3: | | | |
| Recreational Vehicle: | | | |
| Other Vehicles: | | | |
| Other Vehicles: | | | |
| Have you or any of your direct associates received payments (othe | r than M | LA remune | ration |
| or expense reimbursement) from the Crown during the reporting | | Yes | No |
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INVESTMENTS

*IMPORTANT NOTE: Please attach actual, detailed investment statements showing all specific investments and holdings as of the disclosure date, 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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^{*} 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 Federal Taxes | | | | | |
| 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 | | 1 . | | |
| Creditor | | | Amo | unt Owi | ng |
| | | | | | |
| | | | | | |
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| | | | | | |
| Guarantees | | | | | |
| Creditor | Principal Debtor | | | Amount | Guaranteed |
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| | | | | | |
| Support Obligations | | | | | |
| Relationship to Recipier | <u>nt</u> | Am | ount (| of Month | ly Obligation |
| | | | | | |
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| Other Significant Liabilities | | | |
|--|---------------------------------------|-------------------------|-------------|
| Description of Liability | To Whom Owed | Amount Owing | |
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| Legal Proceedings | | | |
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| OTHER PERSONAL OR I | FINANCIAL INTERESTS NO | T ALREADY DISCI | LOSED |
| Description of Interest | | | Value |
| | | | |
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| NON COMMEDCIAL AID | FRAVEL – Please list all Non-Con | mmanaial Ain Tuarral | Include ein |
| travel previously reported and | | ilinerciai Air Travei - | include air |
| l proportion and | ,,, ,, ,, , | | |
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| OTHER REDTINENT DIS | CLOCUDEC | | |
| OTHER PERTINENT DIS | CLOSURES | | |
| Provide details below: | | | |
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| Have you or your spouse roll foo, please provide details | eceived any inheritances of any s. | kind in the last year | •? |
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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 | l Name | | | | |
|---|----------|---|-----------------------|----------------|---|
| | | | | | |
| INCOME: | | | | | |
| Source of Income | Comp | any and Position | | Annual A | Amount |
| Employment | | | | | |
| 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 of block, lot and city/town) | or plan, | *Assessed Value (per municipal assessment notice) | Outstandin balance | g mortgage | Who is your mortgage with (name of bank or institution) |
| | | | | | |
| | | | | | |
| | | | | | |
| Bank Accounts and | Other 1 | - | | | |
| Type | | Institution | Balance | | |
| | | | | | |
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|-----------------------------------|--------------------------|----------------------------|
| Vehicles | Make/Model/Year | 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" |
|---|--|
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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.

| Minor Child/Children Given Names | Surname if Different |
|--|----------------------|
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| INCOME. | |
| INCOME: | Annual Amount |
| Source of Income | Annual Amount |
| | |
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| | |
| | |
| ASSETS: - include foreign holdings if ap | pplicable |
| | 11 |
| Bank Accounts | |
| Bank Accounts | |
| | |
| Bonds and Government Securities | |
| Bonds and Government Securities | |
| Bonds and Government Securities Life Insurance | |
| Bonds and Government Securities Life Insurance | |
| Bonds and Government Securities Life Insurance Annuities/Trust Fund | |
| Bonds and Government Securities Life Insurance Annuities/Trust Fund | |
| Bank Accounts Bonds and Government Securities Life Insurance Annuities/Trust Fund RESP (attach 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: | | | |
| 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: |
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