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



#### DESIGNATED SENIOR OFFICIALS ANNUAL ETHICS DISCLOSURE STATEMENT

based on your financial affairs as June 30, 2024

Due noon, November 12, 2024

Please submit via email to the Office of the Ethics O	Commissioner disclosure@ethicscommissioner.ab.ca
Designated Senior Official's name	
Agency name and responsible ministry	
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 A and all subsequent amendments and have sought advice and of Alberta where needed to inform myself of my obligations and	information from the Office of the Ethics Commissioner
This private disclosure statement accurately discloses, to the be and income of myself, my spouse, my minor children, and privatus, as required by the aforementioned Act.	
I hereby certify that there are no conflicts of interest between n contained in this private disclosure statement concerning mysels and private corporations controlled by any of us.	
	Investment and/or Financial Statements Includ I Agree
Ethics Commissioner	Designated Senior Official's Signature
Date of Meeting with Designated Senior Official	Date of Submission of Disclosure Forms
IMPORTANT: There are four sections in this form. Everyone med 4 ONLY if they are relevant to you.	nust complete Sections 1. Complete Sections 2, 3, and/or
1. Designated Senior Official's Section 1 (ALL	
<ol> <li>Spouse or Adult Interdependent Partner Secti relationship)</li> </ol>	ion 2 (complete ONLY if married or in an interdependent
3. Minor Children Section 3(complete ONLY is date above)	f you have children who are under 18 years of age as of the reportin
4. Private Corporations Section 4(complete one	"private corporation" 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 **Designated Senior Official**

## PERSONAL INFORMATION

Spouse/Adult Interdependent Partner			Or if N	A, check here
Given Names of Children under 18			D' 41 1 4 (	MAN (DD / 1/1/1)
Given Names of Children under 18			Birthdate (	MM/DD/YY)
		_		
Home Address:		-		1
Street Address, City, and Postal Code	Work Phone	Cel	ll Phone	Home Phone
				1
	• •,• •	.1	, 1' 1	• 1)
Current Employment Info (including any p Name of Company/Agency	revious positions in Position			sure period) Salary
Name of Company/Agency	1 USILIO	/11/ 1 1	itic	Salaly
			•	
Please attach a copy of your current employ	mont contract and	lans	, amandmants	,
rease attach a copy of your current employ	ment contract and	і апу	amenument	<b>'</b> ,
OR				
if previously provided, check here				

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				

<b>Pension Rights</b>		
Plan	Administrator	Years of Service
Life Insurance Pol	licies	
Insurer and type (	whole or term)	Cash Surrender Value or Insured Value
Household and Per	reanal Dranauty	
	ment value or appraised value	(only if applicable))
(estimated replace)	ment value of appraised value	Estimated Total Value
Art		Estimated Total value
AIt		
Jewelry		
sewen y		
Antiques and colle	ctables	
riniques and cone	cubics	
Musical instrumen	ats and equipment	
11200200121101		
Household content	CS .	
Tools		

Car/Truck/Boat and Recre	ational Vehicles (include make and model),	Charle autatus dan as		
bicycles, and motorbikes.		Check autotrader.ca		
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					
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			4.0	
Creditor			Amo	unt Owi	ng
Guarantees					
Creditor	Principal	Debtor			Amount Guaranteed
<b>Support Obligations</b>					
Relationship to Recipier	<u>nt</u>	A	Amount o	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
<b>Description of Interest</b>			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 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	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		T		T
Location (street address of block, lot and city/town)	m	Assessed Value (per nunicipal assessment otice)	Outstandin 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		
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
NICOME		
INCOME:		
Source of Income		Annual Amount
ASSETS: - include foreign holdings if	annlic	ahle
	applica	able
	applica	able
Bank Accounts	applica	able
Bank Accounts	applica	able
Sank Accounts  Sonds and Government Securities	applica	able
Bank Accounts  Bonds and Government Securities	applica	able
Bank Accounts  Bonds and Government Securities  Life Insurance	applica	able
ASSETS: - include foreign holdings if 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
Sank Accounts  Sonds 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	
Legal Proceedings	
<b>Unpaid Income Tax</b>	
<b>Loans and Lines of Credit</b>	
Unpaid Municipal Taxes	
Other Significant Liabilities	
OTHER FINANCIAL INTE	RESTS: