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





## Based on your financial affairs as of September 30, 2024

#### Due noon, December 9, 2024

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	
DECLADATION.	
	s of Interest Act (the Act), Chapter C-23, Revised Statutes of Alberta 2000, and all and information from the Office of the Ethics Commissioner of Alberta where needed on required to be disclosed
	es, to the best of my knowledge, all assets, liabilities, financial interests, and income of the corporations controlled by any of us, or a combination of us, as required by the
	st between my official responsibilities and public duties and the matters contained in and, as far as is known to me, my spouse, minor children, and private corporations
	Financial Statements Included
	I Agree
Ethics Commissioner	Designated Office Holder's Signature
Date of Meeting with Designate	Diffice Holder Date of Submission of Disclosure Forms
IMPORTANT: There are four section Complete Sections 2, 3, and/or 4 ONL	this form. <b>Everyone must Complete Section 1.</b> 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	V/A,	check here
Given Names of Children under 18			Birthdate DD/MO/Yo	ear	
Home Address:					
Street Address, City and Postal Code	Work Pho	ne	Cell Phone	H	Iome Phone
		1		•	
Current Employment Info (including any p				sure	
Name of Company/Organization		<u>Positio</u>	n/Title		Salary

### **CORPORATE INFORMATION**

Private Corporations		
Name of Corporation/Organization		Director/Officer/Percentage Ownership
Non-Profit Directorships and Offices (Example	e: non-profits, co	mmunity leagues, etc.)
Name of Company/Organization		Position Title
OTHER INCOME	0.1.4	
If you have received income from any source in provide details below.	n the last year oti	ner than previously noted, please
	Gross Amoun	t
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				
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 Recreational Vehi model), , bicycles, and motorbikes.	cles (include make and	Check www.autotrader.ca
	Year/Make/Model	Value
Vehicle 1:		
Vehicle 2:		
Vehicle 3:		
Recreational Vehicle:		
Other Vehicles:		
Other Vehicles:		

#### **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 (include all foreign liabilities/debts)

	-			
Unpaid Municipal or Fo				
Type of unpaid tax (i.e.: income, property	Creditor/Agency (ie: Municipality of X or Revenue Canada)	Amou	nt Owing	Arrears pertaining to what years
Other Loans and Lines	of Credit			
Creditor			Amount Ow	v <b>ing</b>
Guarantees				
Creditor	Principa	l Debtor		<b>Amount Guaranteed</b>
	I			1
<b>Support Obligations</b>				
Relationship to Recipie	nt		Amount of Mont	thly Obligation

Other Significant Liabilities			
Description of Liability	To Whom Owed	Amount Ow	ing
Legal Proceedings			
OTHER PERSONAL OR F	INANCIAL INTERESTS NO	Γ ALREADY DISCI	OSED
<b>Description of Interest</b>			Value
NON COMMEDCIAL AID TO	DAVEL DI PARIN C	• 1 4 • 75 1	T 1 1 '
travel previously reported and	RAVEL – Please list all Non-Con any travel not yet reported.	imerciai Air Travei -	include air
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		Kind in the last year	•

### 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 investmentsand holdings as at the disclosure dates and as provided by your financial advisor and/or broker.

Spouse/Partner Full	Name				
DICOLE					
INCOME:					
Source of Income	Compa	ny and Position		Annual A	Amount
Employment					
Business					
Rental					
Pension					
Investments					
Other					
ASSETS (include all	foreign	holdings) – if joint with	spouse, please e	nter "joint v	vith spouse"
Real Property					
Location (street address of block, lot and city/town)	•	*Assessed Value (per municipal assessment notice)	Outstandin balance	g mortgage	Who is your mortgage with (name of bank or institution)
<b>Bank Accounts and</b>	Other D	-			
Type	Т	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.

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 ap	plica	able		
Bank Accounts				
<b>Bonds and Government Securities</b>				
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 INCOM	ME:		
Gross:			
Net:			
A COETO.			
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			

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: