

**CONFIDENTIAL**



## Office of the Ethics Commissioner of Alberta

### Designated Senior Official ANNUAL FINANCIAL DISCLOSURE STATEMENT

Based on your financial affairs as of September 30, 2025

**Due noon, March 5, 2026**

Please submit completed form and accompanying material via email to [disclosure@ethicscommissioner.ab.ca](mailto: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 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 Act.*

*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.*

***I agree to the above statement***

**Investment and/or financial statements included**

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**Signature of Designated Senior Official**

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**Signature of Ethics Commissioner  
(after annual meeting has occurred)**

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**Date Submitted to Office of the Ethics Commissioner**

**Date of Ethics Commissioner's signing**

**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.

If you have any questions, please feel free to contact us [disclosure@ethicscommissioner.ab.ca](mailto:disclosure@ethicscommissioner.ab.ca)

# Designated Senior Official

## SECTION 1- Member's Section\*

*\*Must be completed by each Designated Senior Official*

### PERSONAL INFORMATION

Spouse/Adult Interdependent Partner's Name	Or if N/A, check here

Given Names of Children under 18	Birthdate

### HOME MAILING ADDRESS

(include street address, PO Box, City, and Postal Code)	Work Phone	Cell Phone	Home Phone

### CURRENT EMPLOYMENT INFORMATION (including any previous positions held in the last year)

Name of Company/Organization	Position/Title	Salary

Please attach a copy o your current employment contract and any amendments,

OR

If previously provided, check here

**NON-PROFIT DIRECTORSHIPS AND OFFICES (ie- nonprofits, community leagues, political boards, etc)**

Name of Company/Organization	Position Title

**CORPORATE INFORMATION****PRIVATE CORPORATION**

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:**

Type	Gross Amount
Rental Income	
Disability or Pension Income	
Trust Fund Income	
Other Income from Private Corporations	
Other Income (specify source)	
Other Income (specify source)	

## ASSETS (include all foreign assets/holdings)

### REAL PROPERTY

\*For urban properties, please use your municipal tax assessment value of your assessment notice.

\*For rural/farming properties, please use your best estimate or fair market value.

(No need to include a copy of the assessments, please just record the information below)

Type	Location (street address or plan, block, and city/town)	*Estimated Value	Outstanding Mortgage Balance	Who Mortgage is With
Primary Residence				
Secondary Residence				
Recreational Property				
Rental Property				
Rental Property				
Rental Property				
Other Property				
Other Property				

### BANK ACCOUNTS AND OTHER DEPOSITS

Type	Institution	Balance
Chequing		
Savings		
Foreign Holdings		
Other Deposits or Accounts		
Other Deposits or Accounts		
Other Deposits or Accounts		

### PENSION RIGHTS

Plan	Administrator	Years of Service

**LIFE INSURANCE POLICIES**

Plan	Administrator

**HOUSEHOLD AND PERSONAL PROPERTY (estimated replacement value total of items such as art, jewelry, antiques and collectibles, musical instruments and equipment, household contents, tools, etc)**

Brief description of items	Estimated Replacement Value

**VEHICLES (car, truck, boat, recreational vehicles, etc)**

Brief description of vehicles	Estimated Total Fair Market Value

# INVESTMENTS

**\*\*IMPORTANT NOTE:** Please attach actual detailed investment statements and holdings as of the disclosure date that shows, in detail, what the money is invested in. Your bank, broker or financial advisor can assist you in obtaining these documents.

Such investments include, but are not limited to:

1. RRSP/RSP/LIRA
2. Stocks, corporate bonds, and other 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	Value

**\*\* Please attach detailed investment statements showing how much money is invested in what**

Do you hold, or own, any cryptocurrency investments or derivatives of any kind?

YES

NO

If YES, please attach statements or list below which cryptocurrency investments you hold, how many units/shares you have, and provide the most recent *market value* (as listed on your cryptocurrency exchange or in your cryptocurrency wallet):

Cryptocurrency Holding	Value

## LIABILITIES

### UNPAID MUNICIPAL OR FEDERAL TAXES

Type of unpaid tax (ie- income, property)	Creditor/Agency (ie- municipality of X or Revenue Canada)	Amount Owing	Arrears pertaining to what year(s)

### 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 Guaranteed

Legal Proceedings (where the Member is the defendant/respondent)

**OTHER PERSONAL OR FINANCIAL INTERESTS NOT ALREADY DISCLOSED**

Description of Interest(s)	Value(s)

**NON-COMMERCIAL AIR TRAVEL**

Please provide details of non-commercial flights, including the circumstances as to why the flight was offered and accepted

**OTHER PERTINENT DISCLOSURES**

Provide details

Have you received any inheritances of any kind in the last year? If so, please provide details:



# Designated Senior Official

## SECTION 2- Spouse/Adult Interdependent Partner Section\*

*\*Only needs to be completed if this is relevant to you*

### PERSONAL INFORMATION

Spouse/Adult Interdependent Partner's Name

#### HOME MAILING ADDRESS (if different than Member)

(include street address, PO Box, City, and Postal Code)	Work Phone	Cell Phone	Home Phone

#### CURRENT EMPLOYMENT INFORMATION (including any previous positions held in the last year)

Name of Company/Organization	Position/Title	Salary

### CORPORATE INFORMATION

#### PRIVATE CORPORATION

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:

Type	Gross Amount
Rental Income	
Disability or Pension Income	
Trust Fund Income	
Other Income from Private Corporations	
Other Income (specify source)	
Other Income (specify source)	

## ASSETS (include all foreign assets/holdings)

### REAL PROPERTY

\*For urban properties, please use your municipal tax assessment value of your assessment notice.

\*For rural/farming properties, please use your best estimate or fair market value.

(No need to include a copy of the assessments, please just record the information below)

**If joint with spouse, please record "joint with spouse"**

Type	Location (street address or plan, block, and city/town)	*Estimated Value	Outstanding Mortgage Balance	Who Mortgage is With
Primary Residence				
Secondary Residence				
Recreational Property				
Rental Property				
Rental Property				
Rental Property				
Other Property				
Other Property				

**BANK ACCOUNTS AND OTHER DEPOSITS****If joint with spouse, please record "joint with spouse"**

Type	Institution	Balance
Chequing		
Savings		
Foreign Holdings		
Other Deposits or Accounts		
Other Deposits or Accounts		
Other Deposits or Accounts		

**PENSION RIGHTS**

Plan	Administrator	Years of Service

**LIFE INSURANCE POLICIES**

Plan	Administrator

**HOUSEHOLD AND PERSONAL PROPERTY** (estimated replacement value total of items such as art, jewelry, antiques and collectibles, musical instruments and equipment, household contents, tools, etc)**If joint with spouse, please record "joint with spouse"**

Brief description of items	Estimated Replacement Value

**VEHICLES** (car, truck, boat, recreational vehicles, etc)**If joint with spouse, please record "joint with spouse"**

Brief description of vehicles	Estimated Total Fair Market Value

# INVESTMENTS

**\*\*IMPORTANT NOTE:** Please attach actual detailed investment statements and holdings as of the disclosure date that shows, in detail, what the money is invested in. Your bank, broker or financial advisor can assist you in obtaining these documents.

Such investments include, but are not limited to:

1. RRSP/RSP/LIRA
2. Stocks, corporate bonds, and other 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	Value

**\*\* Please attach detailed investment statements showing how much money is invested in what**

Do you hold, or own, any cryptocurrency investments or derivatives of any kind?

YES

NO

If YES, please attach statements or list below which cryptocurrency investments you hold, how many units/shares you have, and provide the most recent *market value* (as listed on your cryptocurrency exchange or in your cryptocurrency wallet):

Cryptocurrency Holding	Value

## LIABILITIES

### UNPAID MUNICIPAL OR FEDERAL TAXES

If joint with spouse, please record "joint with spouse"

Type of unpaid tax (ie- income, property)	Creditor/Agency (ie- municipality of X or Revenue Canada)	Amount Owing	Arrears pertaining to what year(s)

### OTHER LOANS AND LINES OF CREDIT

If joint with spouse, please record "joint with spouse"

Creditor	Amount Owing

### GUARANTEES

If joint with spouse, please record "joint with spouse"

Creditor	Principal Debtor	Amount Guaranteed

### SUPPORT OBLIGATIONS

Relationship to Recipient	Amount of Monthly Obligation

### OTHER SIGNIFICANT LIABILITIES

Description of Liability	To Whom Owed	Amount Guaranteed

**OTHER PERSONAL OR FINANCIAL INTERESTS NOT ALREADY DISCLOSED**

Description of Interest(s)	Value(s)

**OTHER PERTINENT DISCLOSURES**

Provide details

Have you received any inheritances of any kind in the last year? If so, please provide details:

# Designated Senior Official

## SECTION 3- Minor Children

### (under the age of 18)\*

*\*Only needs to be completed if this is relevant to you*

## PERSONAL INFORMATION

Minor Children's Given Names	Surname (if different)

## INCOME

Source of Income	Annual Amount

## ASSETS (include all foreign assets/holdings)

Source	Holdings
Bank Accounts	
Bonds and Government Securities	
Life Insurance Policies	
Annuities/Trust Funds	
RESP (attach detailed investments statements showing how much money is invested in what)	
Other Significant Assets	

## LIABILITIES

Source	Amount Owing
Loans	
Unpaid Income Tax	
Other Significant liabilities	

Other Significant Interests



# Designated Senior Official

## SECTION 4- Private Corporations\*

*\*NOTE- No Section 4 is required for sole proprietorships or partnerships (except in cases where they are run by a private corporation, i.e. some law firms).*

Do you, your spouse/adult interdependent partner or minor child, separately or combined, **own 50.1% or more of the shares of a corporation?**

YES                      NO

If **YES**, complete section 4 for EACH corporation

If **YES**, attach the most recent audited or unaudited financial statements\*\*

### CORPORATION INFORMATION

Name of Corporation

ANNUAL CORPORATE INCOME	
Gross	
Net	

### ASSETS (include all foreign assets/holdings)

Real Property			
Location (street address or plan, block, lot and city/town)	Assessed Value	Outstanding Mortgage Balance	Who Mortgage is With
Other Assets			
Cash and Equivalencies			
Bonds and Government Securities			
GICs, Term Deposits, etc			
Stocks/Securities/Interests in Public Corporations			

<b>Annuities</b>	
<b>Other Business Interests</b>	
<b>Equipment</b>	
<b>Furnishings and Other Corporate Property</b>	

## LIABILITIES

<b>Legal Proceedings</b>	
<b>Unpaid Income Tax</b>	
<b>Loans and Lines of Credit</b>	
<b>Unpaid Municipal Taxes</b>	
<b>Other Significant liabilities</b>	

<b>Other Significant Interests</b>

**\*\*Attach the most recent audited or unaudited financial statements**