CONFIDENTIAL

Office of the Ethics Commissioner of Alberta

Designated Office Holder's
ANNUAL FINANCIAL DISCLOSURE STATEMENT
Based on your financial affairs as of September 30, 2026

Please submit completed form and accompanying material via email to disclosure@ethicscommissioner.ab.ca

Designated Office Holder's Name	
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 ☐ **Direct Associates Return included** ☐

Signature of Designated Office Holder

Signature of Ethics Commissioner (after meeting has occurred)

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

Designated Office Holder
SECTION 1- DOH's Section*

Must be completed by each DOH

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
Government of Alberta		

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 (GOA pension plan or others)

Plan	Administrator	Years of Service

LIFE INSURANCE POLICIES (GOA life insurance plan or others)

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 Office Holder
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 (GOA life insurance plan or others)

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 Office Holder
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 Office Holder
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 more than 50% 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			

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 Significant Interests

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