NAME OF	OTE(S)						
City / Tow	n / Village / Municipality	Prov. AB	Postal Co	de	Primary Phone	Alternate Phone	
CONTAC	T INFORMATION TO BE POSTED ON E		S AI BERT	A WEBSITE (OPTIO	ΝΔI )		
Leadership Contestant Website (Optional)					tant Email Contact (Optiona	I)	
CHIEF FI	NANCIAL OFFICER (CFO)						
Prefix	First Name	Last Nam	ie		Email Address		
Street Ad	dress or P.O. Box						
City / Tow	n / Village / Municipality	Prov. AB	Postal Co	de	Primary Phone	Alternate Phone	
LOCATIO	N RECORDS ARE MAINTAINED AND C	OMMUNI	CATIONS A	DDRESSED (IF OT	HER THAN CFO'S ADDRE	SS)	
Prefix					Email		
Street Address or P.O. Box							
City / Tow	n / Village / Municipality	Prov.	Postal Co	de	Primary Phone	Alternate Phone	
		AB					
FINANCIAL INSTITUTION							
Name							
Street Address or P.O. Box		City / Town / Village / Mu			Prov. Postal Code AB		
Name(s)	of Signing Officer(s)						
DATE OF	REGISTRATION						
Your effective registration date is when you announced your intention to seek leadership of the party. Enter the date below.							
mm / dd / yyyy							
DATE OF FIRST CONTRIBUTION AND EXPENSE							
Date first contribution was received							
				mm / dd / yyyy			
Date first campaign expense was incurred				mm / dd / yyyy			
			CONTINU	UED ON PAGE 2			

ONS DISCLOSURE ACT							
P CONTESTANT							
election FORM LC-R-01 Page 2 of 2							
NAME OF REGISTERED POLITICA	AL PARTY						
	declare that						
that in accordance with the const	itution of my party, I						
mm /	dd / yyyy						
confirm that I	have accepted the						
of the duties and responsibilities of	f that position as						
mm /	dd / yyyy						
mm /	′ dd / yyyy						
	OFFICE USE ONLY						
b.ca or fax to (780) 422-2900							
	NAME OF REGISTERED POLITICA						