



**ELECTION FINANCES AND CONTRIBUTIONS DISCLOSURE ACT**

**REGISTRATION OF A NOMINATION CONTESTANT**

**FORM NC-R-01 Page 1 of 2**

INITIAL REGISTRATION       UPDATE TO REGISTRATION

OFFICE USE ONLY

NAME OF REGISTERED POLITICAL PARTY	NAME OF ELECTORAL DIVISION	ED No.
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**NOMINATION CONTESTANT**

Prefix	First Name	Last Name	Email Address (do not use campaign email address)	
Street Address or P.O. Box (do not use campaign office address)				
City / Town / Village / Municipality	Prov. AB	Postal Code	Primary Phone	Alternate Phone

**CONTACT INFORMATION FOR POSTING ON ELECTIONS ALBERTA WEBSITE (OPTIONAL)**

Nomination Contestant Website (Optional)	Nomination Contestant Email Contact (Optional)	Municipality of Residence (Optional)
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**CHIEF FINANCIAL OFFICER (CFO)**

Prefix	First Name	Last Name	Email Address (do not use campaign email address)	
Street Address or P.O. Box (do not use campaign office address)				
City / Town / Village / Municipality	Prov. AB	Postal Code	Primary Phone	Alternate Phone

**LOCATION RECORDS ARE MAINTAINED AND COMMUNICATIONS ADDRESSED (IF OTHER THAN CFO'S ADDRESS)**

Prefix	First Name	Last Name	Email	
Street Address or P.O. Box				
City / Town / Village / Municipality	Prov. AB	Postal Code	Primary Phone	Alternate Phone

**FINANCIAL INSTITUTION**

Name				
Street Address or P.O. Box		City / Town / Village / Municipality	Prov. AB	Postal Code
Name(s) of Signing Officer(s)				

**DATE OF REGISTRATION**

**REGISTRATION STARTS ON THE EARLIEST DATE OF THE FOLLOWING - CHECK ONE BOX ONLY AND PROVIDE DATE**

- Announcement of intention to seek endorsement as official candidate \_\_\_\_\_ mm / dd / yyyy
- Campaign expense incurred \_\_\_\_\_ mm / dd / yyyy
- Contribution received \_\_\_\_\_ mm / dd / yyyy

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NAME OF REGISTERED POLITICAL PARTY	NAME OF ELECTORAL DIVISION	ED No.
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NAME OF NOMINATION CONTESTANT

I, (Print Name of Nomination Contestant) \_\_\_\_\_ declare that the information provided in this registration form is complete and correct; that in accordance with section 9.3 of the *Election Finances and Contributions Disclosure Act* I am qualified to be registered in the named Electoral Division, and that I acknowledge the expense limits prescribed by sections 41.1 and 41.4 of the *Election Finances and Contributions Disclosure Act*.

\_\_\_\_\_  
Signature of Nomination Contestant mm / dd / yyyy

I, (Print Name of CFO) \_\_\_\_\_ confirm that I have accepted the appointment as Chief Financial Officer, am aware of the duties and responsibilities of the position as prescribed by the *Election Finances and Contributions Disclosure Act*, and that I acknowledge the expense limits prescribed by sections 41.1 and 41.4 of the *Election Finances and Contributions Disclosure Act*.

\_\_\_\_\_  
Signature of Chief Financial Officer mm / dd / yyyy

**ACCEPTANCE OF NOMINATION CONTESTANT BY POLITICAL PARTY OR CONSTITUENCY ASSOCIATION**

The individual named below has been accepted as a nomination contestant by the political party and/or constituency association in the above named electoral division.

\_\_\_\_\_  
Print Name of CFO or Principal Officer \_\_\_\_\_ Title \_\_\_\_\_ Signature \_\_\_\_\_ mm / dd / yyyy

**ACCEPTANCE BY ELECTIONS ALBERTA**

\_\_\_\_\_  
Authorized Signature \_\_\_\_\_ mm / dd / yyyy

**FOR INITIAL REGISTRATION FORWARD SIGNED ORIGINAL TO ELECTIONS ALBERTA**

Suite 100, 11510 Kingsway NW, Edmonton, AB T5G 2Y5

**FOR UPDATE TO REGISTRATION ONLY, FAXED OR SCANNED COPIES ARE ACCEPTABLE.**

Phone 780.427.7191 Fax 780.422.2900 Email [finance@elections.ab.ca](mailto:finance@elections.ab.ca) Website [www.elections.ab.ca](http://www.elections.ab.ca)

**OFFICE USE ONLY**

ENTERED:

OFFICIAL CANDIDATE:  Yes  No