



ELECTION FINANCES AND CONTRIBUTIONS DISCLOSURE ACT

REGISTRATION OF A LEADERSHIP CONTESTANT

FORM LC-R-01 Page 1 of 2

INITIAL REGISTRATION UPDATE TO REGISTRATION

OFFICE USE ONLY

NAME OF REGISTERED POLITICAL PARTY	DATE OF LEADERSHIP VOTE(S)
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LEADERSHIP CONTESTANT

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

CONTACT INFORMATION TO BE POSTED ON ELECTIONS ALBERTA WEBSITE (OPTIONAL)

Leadership Contestant Website (Optional)	Leadership Contestant Email Contact (Optional)	Municipality (Optional)
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CHIEF FINANCIAL OFFICER (CFO)

Prefix	First Name	Last Name	Email Address	
Street Address or P.O. Box				
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 leadership of registered political party _____ mm / dd / yyyy
- Campaign expense incurred _____ mm / dd / yyyy
- Contribution received _____ mm / dd / yyyy



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NAME OF LEADERSHIP CONTESTANT	NAME OF REGISTERED POLITICAL PARTY
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I, (Print Name of Leadership Contestant) _____ declare that the information provided in this registration form is complete and correct; and that in accordance with the constitution of my party, I am qualified to be registered for the upcoming leadership contest.

Signature of Leadership Contestant mm / dd / yyyy

I, (Print Name of CFO) _____ confirm that I have accepted the appointment as the contestant's Chief Financial Officer and that I am aware of the duties and responsibilities of that position as prescribed by the *Election Finances and Contributions Disclosure Act*.

Signature of Chief Financial Officer mm / dd / yyyy

ACCEPTANCE OF LEADERSHIP CONTESTANT BY POLITICAL PARTY

The individual named above has been accepted as a leadership contestant by the registered political party.

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 Website www.elections.ab.ca

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ENTERED: