

**ELECTION FINANCES AND CONTRIBUTIONS DISCLOSURE ACT****AUTHORIZATION TO ENDORSE A CANDIDATE****FORM PA-CE-01**

OFFICE USE ONLY

NAME OF REGISTERED POLITICAL PARTY

**LIST POLITICAL PARTY REPRESENTATIVE(S)  
AUTHORIZED TO ENDORSE CANDIDATES**\_\_\_\_\_  
Print Name of Political Party Representative\_\_\_\_\_  
Title\_\_\_\_\_  
Signature of Representative\_\_\_\_\_  
mm / dd / yyyy\_\_\_\_\_  
Print Name of Political Party Representative\_\_\_\_\_  
Title\_\_\_\_\_  
Signature of Representative\_\_\_\_\_  
mm / dd / yyyy\_\_\_\_\_  
Print Name of Political Party Representative\_\_\_\_\_  
Title\_\_\_\_\_  
Signature of Representative\_\_\_\_\_  
mm / dd / yyyy

Any of the individual(s) listed above will be authorized to endorse the party's candidates.  
For any change to the authorized individual(s), please submit a new form.

**POLITICAL PARTY AUTHORIZATION**\_\_\_\_\_  
Print Name\_\_\_\_\_  
Title\_\_\_\_\_  
Signature\_\_\_\_\_  
mm / dd / yyyy\_\_\_\_\_  
Print Name\_\_\_\_\_  
Title\_\_\_\_\_  
Signature\_\_\_\_\_  
mm / dd / yyyy

Must be signed by any two current party officials on record with Elections Alberta.

**ACCEPTANCE BY ELECTIONS ALBERTA**\_\_\_\_\_  
Authorized Signature\_\_\_\_\_  
mm / dd / yyyy

If signed electronically or digitally - Email to [Finance@elections.ab.ca](mailto:Finance@elections.ab.ca)  
If signed physically - Mail signed original to Suite 100, 11510 Kingsway NW, Edmonton, AB T5G 2Y5  
Email signed form to [Finance@elections.ab.ca](mailto:Finance@elections.ab.ca) or fax to (780) 422-2900

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