

**ELECTION FINANCES AND CONTRIBUTIONS DISCLOSURE ACT (EFCDA)****ENDORSEMENT OF A CANDIDATE****FORM PA-CE-02**

OFFICE USE ONLY

☐

INITIAL ENDORSEMENT

☐

CHANGE TO ENDORSEMENT

Date:

Month / Day / Year

**PAGE 1 OF 2**

Name of Registered Political Party	Name of Electoral Division	ED No.
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**CANDIDATE**

Prefix	First Name	Last Name	Email Address	Phone Number
Street Address or PO Box			City / Town / Village / Municipality	Prov. AB Postal Code

*I confirm I am qualified to be a candidate, and I have been endorsed as a candidate for the above named party and electoral division.*

Signature of Candidate

Month / Day / Year

**CHIEF FINANCIAL OFFICER (CFO)**

Prefix	First Name	Last Name	Email Address	Phone Number
Street Address or PO Box			City / Town / Village / Municipality	Prov. AB Postal Code

*I confirm I have accepted the appointment as Chief Financial Officer for the endorsed candidate named above. I am aware of the duties and responsibilities of the position as prescribed by the Election Finances and Contributions Disclosure Act (EFCDA).*

Signature of Chief Financial Officer

Month / Day / Year

**FINANCIAL INSTITUTION**

Name of Financial Institution				
Street Address or P.O. Box		City / Town / Village / Municipality	Prov. AB	Postal Code
Account Signing Officer(s) - minimum one				

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

Prefix	First Name	Last Name	Email Address	Phone Number
Street Address or PO Box			City / Town / Village / Municipality	Prov. AB Postal Code

**ENDORSEMENT BY PARTY OR CONSTITUENCY ASSOCIATION REPRESENTATIVE***In accordance with section 9.3(1) of the Election Finances and Contributions Disclosure Act, I confirm the above named candidate is endorsed, and all information above is true and correct.*

Print Name

Title

Signature

Month / Day / Year

**NOTES:**

1. The endorsement must be signed by an individual on record with Elections Alberta as authorized by the party to endorse candidates. The party must use Form PA-CE-01 Authorization to Endorse a Candidate to inform Elections Alberta who is authorized. Before signing your endorsement of the candidate named on this form, consult your party to confirm if you are authorized to do so.
2. Elections Alberta will only publish the names of the endorsed candidate and chief financial officer, date of endorsement, party affiliation, and electoral division. [EFCDA s. 9.3(2)]
3. Elections Alberta must receive this notice within 30 days after the date of endorsement. [EFCDA s. 9.3(1)]
4. Elections Alberta must receive notice of any changes within 48 hours after the change. [EFCDA s. 9.3(3)]

**ELECTION FINANCES AND CONTRIBUTIONS DISCLOSURE ACT (EFCDA)****ENDORSEMENT OF A CANDIDATE****FORM PA-CE-03**

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Date:

Month / Day / Year

**PAGE 2 OF 2**

Name of Registered Political Party

Name of Electoral Division

ED No.

**\$500 CANDIDATE DEPOSIT**

1. Deposit is required to be paid to Elections Alberta, to complete the candidate's registration under section 9(2) of the EFCDA.
2. Deposit can be paid anytime, but must be before the candidate files nomination papers to appear on the election ballot.
3. Accepted methods of payment are cash, certified cheque, or bank or postal money order payable to "Government of Alberta".

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Deposit enclosed

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Deposit not enclosed (state reason):

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**ACCEPTANCE BY ELECTIONS ALBERTA**

Authorized Signature

Month / Day / Year

If signed electronically or digitally - Email to [finance@elections.ab.ca](mailto:finance@elections.ab.ca)

If signed physically - Mail to Suite 100, 11510 Kingsway NW, Edmonton, AB T5G 2Y5

QUESTIONS? Email: [finance@elections.ab.ca](mailto:finance@elections.ab.ca) Phone: 780.427.7191 Website: [www.elections.ab.ca](http://www.elections.ab.ca)OFFICE  
USE  
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