

**ELECTION FINANCES AND CONTRIBUTIONS DISCLOSURE ACT****REGISTRATION OF A PROSPECTIVE
CANDIDATE ASSOCIATION (PCA)****FORM PCA-R-01 Page 1 of 2**

OFFICE USE ONLY

☐ INITIAL REGISTRATION ☐ UPDATE TO REGISTRATION**PROSPECTIVE CANDIDATE INFORMATION & ACKNOWLEDGEMENT**

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

I, (Print Name of Prospective Candidate) _____, confirm I am aware this Prospective Candidate Association form is submitted for the purpose of supporting my prospective campaign for election as a member of the the Legislative Assembly.

Physical or Digital Signature of Prospective Candidate_____
Month / Day / Year**OFFICIAL NAME OF PCA*****OTHER NAME OF PCA - OPTIONAL**

*The official name is for Elections Alberta's use and cannot be changed. The official name must be included in the PCA's advertising.

ESTABLISHER (APPLICANT) INFORMATION

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

STATUS OF THE PROSPECTIVE CANDIDATE - CHECK ALL THAT APPLYEndorsed candidate ☐ Yes ☐ No*If yes, indicate registered party**If yes, indicate electoral division**Member of the Legislative Assembly ☐ Yes ☐ No*If yes, indicate registered party affiliation or independent**If yes, indicate electoral division**Registered candidate ☐ Yes ☐ No →*If yes, indicate registered party affiliation or independent*

If yes, check all that apply [EFCDA section 9(2)]:

- ☐ Candidate is qualified to be registered
- ☐ Candidate filed an application for registration or candidate's party filed a statement of endorsement
- ☐ Candidate paid \$500 deposit to the Chief Electoral Officer

*Electoral divisions in force since March 19, 2019

LOCATION RECORDS ARE MAINTAINED AND COMMUNICATIONS ADDRESSED

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PRINCIPAL OFFICER(S) - MINIMUM ONE NAME

1	2	3	4
5	6	7	8

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CHIEF FINANCIAL OFFICER (CFO) INFORMATION & ACKNOWLEDGEMENT

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

I, (Print Name of CFO) _____, confirm 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* (EFCDA), and acknowledge the expense limits prescribed by sections 41.2 and 41.3 of the EFCDA.

Physical or Digital Signature of Chief Financial Officer_____
Month / Day / Year**FINANCIAL INSTITUTION**

Name of Financial Institution				
Street Address or PO Box		City / Town / Village / Municipality	Prov.	Postal Code
Name(s) of Signing Officer(s) - minimum one individual				
1	2	3	4	

ASSETS AND LIABILITIES - FOR INITIAL REGISTRATION ONLY (CHECK ONE)

- ☐ No Assets and/or Liabilities as of the filing of this application
- ☐ Assets and/or Liabilities exist (attach a Statement of Assets and Liabilities as of a date no earlier than 90 days before this application).

Physical or Digital Signature of Chief Financial Officer_____
Month / Day / Year**ACKNOWLEDGEMENT BY ESTABLISHER (APPLICANT)**

I, (Print Name of Applicant) _____, agree that by submitting this Registration of a Prospective Candidate Association form, I am acknowledging the duties and responsibilities of the entity as prescribed by the *Election Finances and Contributions Disclosure Act* (EFCDA).

Physical or Digital Signature of Applicant_____
Month / Day / Year**ACCEPTANCE BY ELECTIONS ALBERTA**_____
Authorized Elections Alberta Signature_____
Month / Day / Year**Deliver form to Elections Alberta by mail, email, or in person:****Suite 100, 11510 Kingsway NW, Edmonton, AB T5G 2Y5 • finance@elections.ab.ca****QUESTIONS? Phone: 780.427.7191 • Website: www.elections.ab.ca**OFFICE
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