

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	OFFIC									
PROS	PECTIVE CANDIDAT	E INFORMATION & ACKNO	WLED	GEMENT										
Prefix	First Name	Last Name	Email Address			Phone Number								
Street Ad	ddress or PO Box		City / To	own / Village / Municipality	Prov.	Postal Code								
Pro	Print Name of Prospection Prospection Prospective Candidate Assember of the the Legislate	sociation form is submitted for th	ne purpos	se of supporting my prospective camp		am aware this lection as a								
	Physical or D	igital Signature of Prospective Cand	lidate	Month / Day /	Year									
OFFIC	IAL NAME OF PCA*	(Enter Prospective	e Candid	ate First and Last Name) Prospective (Candidate	Association								
OTHER	R NAME OF PCA - OF	PTIONAL												
	icial name is for Electio BLISHER (APPLICAN First Name		changed Email A	. The official name must be included	in the PCA	's advertising. Phone Number								
Street Ad	ddress or PO Box		City / To	own / Village / Municipality	Prov.	Postal Code								
STATU	JS OF THE PROSPE	CTIVE CANDIDATE - CHECK	ALL THA	AT APPLY										
En	dorsed candidate	□ Yes □ No		Member of the Legislative Asse	mbly \square	Yes □ No								
If yes, indicate registered party If yes, indicate electoral division*				If yes, indicate registered party affiliation or independent										
				If yes, indicate electoral division* 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										
								*Ele	ctoral divisions in force since M	March 19, 2019		Candidate paid \$500 deposit to the	e Chief Elec	toral Officer
								LOCAT Prefix	First Name	E MAINTAINED AND COMM Last Name	UNICAT Email A			Phone Number
Street Ad	ddress or PO Box		City / To	own / Village / Municipality	Prov.	Postal Code								
5 5517	24.000 0. 1 0 20.			·····										
PRINC	IPAL OFFICER(S) - r	MINIMUM ONE NAME												
1		22		33	4									
5		6		7	8									



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ICE USE ONLY

	☐ INITIAL REGISTRA	ATION UPDATE TO	O REGISTRATIO	N DEFI	
OFFICIAL NAME OF PCA*	(Enter Pr	ospective Candidate First and La	ast Name) Prospec	ctive Candida	te Association
OTHER NAME OF PCA - O	PTIONAL				
*The official name is for Election	ons Alberta's use and cann	not be changed. The official n	ame must be inclu	uded in the PC	A's advertising.
CHIEF FINANCIAL OFFICE			ENT		
Prefix First Name	Last Name	Email Address			Phone Number
Street Address or PO Box		City / Town / Village / M	unicipality	Prov.	Postal Code
I, (Print Name of CFO)			iliai f al iai		ave accepted
		e of the duties and responsib), and acknowledge the expe			
Physical or I	Digital Signature of Chief Final	ncial Officer	Month / Day / Year		
FINANCIAL INSTITUTION					
Name of Financial Institution					
Street Address or PO Box		City / Town / Village / M	unicipality	Prov.	Postal Code
Name(s) of Signing Officer(s) - mir	nimum one individual				
1	2	3		4	
ASSETS AND LIABILITIES	- FOR INITIAL REGISTRAT	ION ONLY (CHECK ONE)			
☐ No Assets and/o this application	or Liabilities as of the filing		or Liabilities exist es as of a date no tion).	•	
Physical or I	Digital Signature of Chief Final	ncial Officer	Month / D	ay / Year	_
ACKNOWLEDGEMENT BY	ESTABLISHER (APP	LICANT)			
	pective Candidate Associa	ation form, I am acknowledgir ns Disclosure Act (EFCDA).		agree that by esponsibilities	
Physic	cal or Digital Signature of App	licant	Month / D	ay / Year	_
ACCEPTANCE BY ELECT					
Autho	orized Elections Alberta Signa	ature	Month / D	ay / Year	
Deliver form to Elections Alb Suite 100, 11510 Kingsway N	-			FICE	