

CITIZEN INITIATIVE ACT

REGISTRATION OF INITIATIVE THIRD PARTY ADVERTISER

Form: TPA-R-03

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	INITIAL REGISTRATION UPDATE TO REGISTRATION								OFFIC	
THIRD PARTY NAME								ABB	REVIATION (OPTIONAL)	
ENTITY TYPE (SELECT ONE	ONLY)									
CORPORATION	TRADE UNION	ı	EMPLOYEE O	RGANIZATIO	ON	GROUP	PER	SON	See Notes at Bottom	
RELATED PETITION										
Subject Matter of Petition										
CONTACT INFORMATION FOR POSTING ON ELECTIONS ALBERTA WEBSITE (MINIMUM ONE FIELD REQUIRED)										
Third Party Advertiser Website Third Party Advertiser Email Contact Third Party Advertiser Phone Number										
PRIMARY CONTACT						<u> </u>				
Prefix Name				En	nail					
Street Address or P.O. Box										
City / Town / Village / Municip	ality	Prov. AB	Postal Code	Pri	imary Phone	е		Alterr	nate Phone	
CHIEF FINANCIAL OFFICER	(CFO)							<u> </u>		
Prefix Name										
Street Address or P.O. Box										
City / Town / Village / Municip	ality	Prov. AB	Postal Code	Pri	imary Phone	е		Alterr	nate Phone	
FINANCIAL INSTITUTION		, .5								
Name										
Street Address or P.O. Box								Office	e Phone	
City / Town / Village / Municip	ality	Prov. AB	Postal Code		Email					
Account Signing Officer(s)		Į.			-!					
LOCATION RECORDS ARE	MAINTAINED AND C	OMMUNI	CATIONS ADDI	RESSED (IF		AN CFO'S A	ADDRESS,)		
Prefix Name					Email					
Street Address or P.O. Box										
City / Town / Village / Municip	ality	Prov. AB	Postal Code		Primary F	Phone		Alterr	nate Phone	
NOTES:		L								
 If the third party is a <u>Corporation</u>, the Primary Contact must be the Officer who has signing authority for it. If the third party is a <u>Group</u>, the Primary Contact must be the Principal Officer or Principal Member. Attach a listing of all Officers or If the third party has a governing body, attach a copy of the resolution authorizing the third party to incur advertising expenses. Submit an Update to Registration within 7 days of any change to registration information. 										
ENDORSEMENT BY THIRD	PARTY (FOR INITIAL	. REGISTI	RATION AND U	PDATE TO R	EGISTRATI	ION)				
Print Name of Primary Contact Primary Contact Signature									Date	
Print Name of CFO CFO Signature						Date				
ACCEPTANCE BY ELECTIONS ALBERTA										
Authorized Elections Alberta Signature								Date		
INITIAL REGISTRATION: If signed electronically or digitally - Email to Finance@elections.ab.ca If signed physically - Mail signed original to Suite 100, 11510 Kingsway NW, Edmonton, AB T5G 2Y5							OFFICE USE			
UPDATE TO REGISTRATION: Email signed form to Finance@elections.ab.ca or fax to (780) 422-2900								ONLY		