



ELECTION FINANCES AND CONTRIBUTIONS DISCLOSURE ACT

REGISTRATION OF A CANDIDATE

FORM CD-R-01

OFFICE USE ONLY

INITIAL REGISTRATION
Independent candidates only

UPDATE TO REGISTRATION
Independent or party-endorsed registered candidates

NAME OF REGISTERED POLITICAL PARTY OR "INDEPENDENT"

NAME OF ELECTORAL DIVISION

ED No.

CANDIDATE

Prefix First and Last Name Campaign Website Email (do not use campaign email address)

Street Address or PO Box (do not use campaign office address)

City / Town / Village / Municipality Prov. Postal Code Primary Phone Alternate Phone
AB

I, (Print Name of Candidate) _____ declare that the information provided in this registration form is complete and correct; that in accordance with section 9(2)(a) of the *Election Finances and Contributions Disclosure Act* (EFCDA), I am qualified to be registered in the named Electoral Division, and that I acknowledge the expense limits prescribed by sections 41.1 and 41.3 of the EFCDA.

Signature of Candidate mm / dd / yyyy

CHIEF FINANCIAL OFFICER (CFO)

Prefix First and Last Name Email (do not use campaign email address)

Street Address or PO Box (do not use campaign office address)

City / Town / Village / Municipality Prov. Postal Code Primary Phone Alternate Phone
AB

I, (Print Name of CFO) _____ confirm that 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 that I acknowledge the expense limits prescribed by sections 41.1 and 41.3 of the EFCDA.

Signature of Chief Financial Officer mm / dd / yyyy

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

Prefix First Name Last Name Email

Street Address or P.O. Box

City / Town / Village / Municipality Prov. Postal Code Primary Phone Alternate Phone
AB

FINANCIAL INSTITUTION

Name
Street Address or P.O. Box City / Town / Village / Municipality Prov. Postal Code
AB
Name(s) of Signing Officer(s)

ACCEPTANCE BY ELECTIONS ALBERTA

Authorized Signature mm / dd / yyyy

FOR INDEPENDENT CANDIDATE INITIAL REGISTRATION, FORWARD SIGNED ORIGINAL TO:
ELECTIONS ALBERTA Suite 100, 11510 Kingsway NW, Edmonton, AB T5G 2Y5

FOR INDEPENDENT OR PARTY-ENDORSED CANDIDATE UPDATE TO REGISTRATION, FAX OR SCAN TO:
ELECTIONS ALBERTA Phone 780.427.7191 Fax 780.422.2900 Email finance@elections.ab.ca Website www.elections.ab.ca

OFFICE USE ONLY
ENTERED: