



ELECTION FINANCES AND CONTRIBUTIONS DISCLOSURE ACT

REGISTRATION OF A NOMINATION CONTESTANT

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INITIAL REGISTRATION UPDATE TO REGISTRATION

OFFICE USE ONLY

NAME OF REGISTERED POLITICAL PARTY NAME OF ELECTORAL DIVISION ED No.

NOMINATION CONTESTANT

Prefix First Name Last Name Email Address Street Address or P.O. Box City / Town / Village / Municipality Prov. Postal Code Primary Phone Alternate Phone

CONTACT INFORMATION FOR POSTING ON ELECTIONS ALBERTA WEBSITE (OPTIONAL)

Nomination Contestant Website (Optional) Nomination Contestant Email Contact (Optional) Municipality of Residence (Optional)

CHIEF FINANCIAL OFFICER (CFO)

Prefix First Name Last Name Email Address Street Address or P.O. Box City / Town / Village / Municipality Prov. Postal Code Primary Phone Alternate Phone

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

FINANCIAL INSTITUTION

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

DATE OF REGISTRATION

REGISTRATION STARTS ON THE EARLIEST DATE OF THE FOLLOWING - CHECK ONE BOX ONLY AND PROVIDE DATE

- Announcement of intention to seek endorsement as official candidate
Campaign expense incurred
Contribution received



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NAME OF REGISTERED POLITICAL PARTY	NAME OF ELECTORAL DIVISION	ED No.
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NAME OF NOMINATION CONTESTANT

I, \_\_\_\_\_, declare that the information provided in this registration form is complete and correct; that in accordance with section 9.3 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 41.4 of the EFCDA.

\_\_\_\_\_ mm / dd / yyyy

Signature of Nomination Contestant

I, (Print Name of CFO) \_\_\_\_\_ confirm that I have accepted

I, \_\_\_\_\_, confirm that I have accepted the appointment of Chief Financial Officer, am aware of the duties and responsibilities of the position as prescribed by the *Election Finances and Contributions Disclosure Act*, and that I acknowledge the expense limits prescribed by sections 41.1 and 41.4 of the EFCDA.

\_\_\_\_\_ mm / dd / yyyy

Signature of Chief Financial Officer

**ACCEPTANCE OF NOMINATION CONTESTANT BY POLITICAL PARTY OR CONSTITUENCY ASSOCIATION**

The individual named above has been accepted as a nomination contestant by the political party and/or constituency association in the above named electoral division.

\_\_\_\_\_ mm / dd / yyyy

Print Name of CFO or Principal Officer      Title      Signature

**ACCEPTANCE BY ELECTIONS ALBERTA**

\_\_\_\_\_ mm / dd / yyyy

Authorized Signature

**FOR INITIAL REGISTRATION FORWARD SIGNED ORIGINAL TO ELECTIONS ALBERTA**  
 Suite 100, 11510 Kingsway NW, Edmonton, AB T5G 2Y5  
**FOR UPDATE TO REGISTRATION ONLY, FAXED OR SCANNED COPIES ARE ACCEPTABLE.**  
 Phone 780.427.7191 Fax 780.422.2900 Email [finance@elections.ab.ca](mailto:finance@elections.ab.ca) Website [www.elections.ab.ca](http://www.elections.ab.ca)

**OFFICE USE ONLY**

OFFICIAL CANDIDATE:  Yes  No