

## ELECTION FINANCES AND CONTRIBUTIONS DISCLOSURE ACT

## REGISTRATION OF A THIRD PARTY ADVERTISER (POLITICAL OR ELECTION ADVERTISING)

Form: TPA-R-01

Office Use Only

|   | REGISTRA       | TION UP                | DATE TO REG     | ISTRATION           |           |                     |  |
|---|----------------|------------------------|-----------------|---------------------|-----------|---------------------|--|
| THIRD PARTY ADVERTISER NAME   |                |                        |                 |                     | ABBREV    | IATION (OPTIONAL)   |  |
|   |                |                        |                 |                     |           |                     |  |
| REGISTRATION TYPE (SELECT ONE ONLY)   |                |                        |                 |                     |           |                     |  |
| ELECTION ADVERTISING  | POLIT          | TICAL ADVERTISING      |                 |                     |           |                     |  |
| ENTITY TYPE (SELECT ONE ONLY)   |                |                        |                 |                     |           |                     |  |
| CORPORATION TRADE U   | NION           | EMPLOYEE ORGA          | NIZATION        | GROUP               | PERSON    | See Notes at Bottom |  |
| BRIEFLY DESCRIBE THE NATURE OF THE 1  | HIRD PART      | Y ADVERTISER AND I     | TS OBJECTIVES   |                     | _         |                     |  |
|   |                |                        |                 |                     |           |                     |  |
| CONTACT INFORMATION FOR POSTING ON ELECTIONS ALBERTA WEBSITE  |                |                        |                 |                     |           |                     |  |
| Third Party Advertiser Website Third Party Advertiser Email Contact Third Party Advertiser Phone Number |                |                        |                 |                     |           | none Number         |  |
|   |                |                        |                 |                     |           |                     |  |
| PRIMARY CONTACT   |                |                        | JE 1            |                     |           |                     |  |
| refix Name  |                |                        | Email           | Email               |           |                     |  |
| Street Address or P.O. Box  |                |                        |                 |                     |           |                     |  |
| ty / Town / Village / Municipality Prov. Postal Code  |                |                        | Primary Pho     | ne                  | Alternate | Alternate Phone     |  |
|   |                |                        |                 |                     |           |                     |  |
| CHIEF FINANCIAL OFFICER (CFO) Prefix Name   |                |                        | Email           |                     |           |                     |  |
| rielix ivallie  |                |                        | Liliali         | Linai               |           |                     |  |
| Street Address or P.O. Box  |                |                        |                 |                     |           |                     |  |
| City / Town / Village / Municipality  | Prov.          | Postal Code            | Primary Pho     | ne                  | Alternate | Phone               |  |
| LOCATION RECORDS ARE MAINTAINED AN  | D COMMUN       | ICATIONS ADDRESSE      | D (IF OTHER TH  | IAN CFO'S ADDF      | RESS)     |                     |  |
| Prefix Name   |                |                        | Email           |                     |           |                     |  |
| Street Address or P.O. Box  |                |                        |                 |                     |           |                     |  |
|   |                |                        |                 |                     |           |                     |  |
| City / Town / Village / Municipality  | Prov.          | Postal Code            | Primar          | Primary Phone       |           | Alternate Phone     |  |
| FINANCIAL INSTITUTION   |                |                        | <b>'</b>        |                     |           |                     |  |
| Name  |                |                        |                 |                     |           |                     |  |
| Street Address or P.O. Box  |                |                        |                 |                     | Office Ph | one                 |  |
|   |                |                        |                 |                     |           |                     |  |
| City / Town / Village / Municipality  | Prov.          | Postal Code            | Email           |                     | ·         |                     |  |
| Signing Officer(s)  |                |                        |                 |                     |           |                     |  |
|   |                |                        |                 |                     |           |                     |  |
| NOTES:  |                |                        |                 |                     |           |                     |  |
| 1. If the TPA is a <u>Corporation</u> , the Primary Co  |                |                        |                 |                     |           |                     |  |
| 2. If the TPA has a Group, the Primary Contact  |                |                        |                 |                     |           | rs.                 |  |
| 3. If the TPA has a governing body, attach a  |                | _                      |                 | cur advertising exp | penses    |                     |  |
| <ol> <li>Submit an Update to Registration within 30</li> <li>ENDORSEMENT BY THIRD PARTY CFO</li> </ol>  | J days or arry | change to registration | illioilliation. |                     |           |                     |  |
|   |                |                        |                 |                     |           |                     |  |
| Print Name of CFO   |                |                        | CFO Signa       | aturo               |           | Date                |  |
| ACCEPTANCE BY ELECTIONS ALBERTA   |                |                        | Ci O Signi      | ature               |           | Date                |  |
|   |                |                        |                 |                     |           |                     |  |
| Auth  | orized Flecti  | ons Alberta Signature  |                 |                     | ח         | ate                 |  |
| INITIAL REGISTRATION: If signed elect   |                | -                      | inance@olootic  | one ah ca           |           | USE ONLY            |  |
| If signed physically - Mail signed original UPDATE TO REGISTRATION: Email signed.                       | to Suite 10    | 0, 11510 Kingsway      | NW, Edmonton    | AB T5G 2Y5          |           | OOL OILI            |  |