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REGISTRATION OF A NOMINATION CONTESTANT

FORM NC-R-01 Page 1 of 2

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| INITIAL REGISTRATION | UPDATE TO F |

REGISTRATION

MAY 2 8 2018

| NAME OF REGISTERED POLITICAL PARTY NAME OF ELECTORAL DIVISION ED No. | | | | | | | |
|--|---|---------------------------|---------------------------|---|--|--|--|
| UNITED CONSCEVATION PARTY TAGER-WARNER 85 4 | | | | | | | |
| NOMINATION CONTESTANT | | | | | | | |
| Prefix First Name | Last Na | me | Email Address (do not use | e campaign email address) | | | |
| MR GRANT | HUNTER | | Taberwarner egnail. com | | | | |
| Street Address or P.O. Box (do not use campaign office address) | | | | | | | |
| P.O. BOX 2112 | | | | | | | |
| City / Town / Village / Municipality | Prov. | Postal Code | Primary Phone | Alternate Phone | | | |
| CARDSTON | AB | TOKOKO | 403-653-43 | 342 403-394-6349 | | | |
| 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 | Email Address (do not use campaign email address) | | | | | | |
| MR TOO | PICKERGLE | | todedo e yahoo com | | | | |
| Street Address or P.O. Box (do not use campaign office | ce address | | 100, cap | e yanw.w. | | | |
| 5425-52 50. | | | | | | | |
| City / Town / Village / Municipality | Prov. | Postal Code | Primary Phone | Alternate Phone | | | |
| TABER | AB | TIG 146 | 403-223-8 | 659 403-635-0904 | | | |
| 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 | | - titlary t trong | | | | |
| FINANCIAL INSTITUTION | | | | | | | |
| Name | | | VUMANUS | | | | |
| ROYAL BANK OF | C | | | Y20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | | |
| Street Address or P.O. Box | | City / Town / Village / M | unicipality | Prov. Postal Code | | | |
| H818 -53 ST TABER AB TIG 1W4 Name(s) of Signing Officer(s) | | | | | | | |
| GRANT HUNTOR , - | COT | PICKERELL. | HENDLIK | DEVLOCATE | | | |
| 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 OR 126 2018 | | | | | | | |
| Campaign expense incurred | | | | | | | |
| Contribution received | | | | | | | |
| mm / dd / yyyy | | | | | | | |
| | | | | | | | |

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ELECTION FINANCES AND CONTRIBUTIONS DISCLOSURE ACT

REGISTRATION OF A NOMINATION CONTESTANT

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MAY 28 2018

chief electoral NAME OF REGISTERED POLITICAL PARTY NAME OF ELECTORAL DIVISION UNITED CONSERVATION NAME OF NOMINATION CONTESTANT GRANT HUNTER I, (Print Name of Nomination Contestant) 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 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 Election Finances and Contributions Disclosure Act. 05/09/1P Signature of N nation Contestant PICKERGIL 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 Agt, and that I acknowledge the expense limits prescribed by sections 41.1 and 41.4 of the Election Finances and Contributions Aisclosure Act.. 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. Print Name of CFO or Principal Officer Title Signature mm / dd / yyyy ACCEPTANCE BY ELECTIONS ALBERTA FOR INITIAL REGISTRATION FORWARD SIGNED ORIGINAL TO ELECTIONS ALBERTA OFFICE USE ONLY Suite 100, 11510 Kingsway NW, Edmonton, AB T5G 2Y5 ENTERED: FOR UPDATE TO REGISTRATION ONLY, FAXED OR SCANNED COPIES ARE ACCEPTABLE. Phone 780.427.7191 Fax 780.422.2900 Email finance@elections.ab.ca Website www.elections.ab.ca OFFICIAL CANDIDATE: Yes No