

GENERAL INFORMATION

1. PERSONAL INFORMATION

Date: _____

First Name: _____ Last Name: _____

Home Address (Street): _____

City/Town: _____ Postal Code: _____

Home Telephone Number: _____ Cell Phone Number: _____

Office Address (Street): _____

City/Town: _____ Postal Code: _____

Telephone Number: _____ Fax Number: _____

Email address: _____

For the purposes of these schedules, "family" includes:

- your spouse
- your minor children
- any adult related to you or your spouse who lives with you and is financially dependent on you or your spouse.

The definition above is for clarity and convenience. Authoritative definitions of "child," "spouse," and "family" are included in section 1 of the *Conflict of Interest Act*.

2. INTEREST IN PRIVATE COMPANIES

List all private companies in which you or a member of your family have an interest, and provide further details in Schedule 4- Private Companies.

NAME OF PRIVATE COMPANY

TYPE OF BUSINESS

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. OFFICES AND DIRECTORSHIPS

List all offices, directorships or similar positions held by you or a member of your family in any corporation or organization.

ORGANIZATION NAME

POSITION HELD

INDIVIDUAL HOLDING POSITION

_____	_____	<input type="checkbox"/> Member	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child
_____	_____	<input type="checkbox"/> Member	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child
_____	_____	<input type="checkbox"/> Member	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child
_____	_____	<input type="checkbox"/> Member	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child
_____	_____	<input type="checkbox"/> Member	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child
_____	_____	<input type="checkbox"/> Member	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child
_____	_____	<input type="checkbox"/> Member	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child

3. OFFICES AND DIRECTORSHIPS *(continued)*

<hr/>	<hr/>	<input type="checkbox"/> Member	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child
<hr/>	<hr/>	<input type="checkbox"/> Member	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child
<hr/>	<hr/>	<input type="checkbox"/> Member	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child
<hr/>	<hr/>	<input type="checkbox"/> Member	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child
<hr/>	<hr/>	<input type="checkbox"/> Member	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child
<hr/>	<hr/>	<input type="checkbox"/> Member	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child
<hr/>	<hr/>	<input type="checkbox"/> Member	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child

INCOME

1. INCOME FROM THE PROVINCE OF PRINCE EDWARD ISLAND

(a) List all income you have received from any ministry, agency, board, or commission of the Province of Prince Edward Island in the past 12 months and expected to be received within the next 12 months. [Don't include information on your Legislative Assembly salary: the Commissioner will obtain this information.]

PAST 12 MONTHS

DESCRIPTION OF INCOME	SOURCE	AMOUNT
	Legislative Assembly of Prince Edward Island	

NEXT 12 MONTHS

DESCRIPTION OF INCOME	SOURCE	AMOUNT

(b) List all benefits you have received as a result of a contract with the Government of Prince Edward Island in the past 12 months and expected to be received within the next 12 months.

PAST 12 MONTHS

SOURCE	SUBJECT OF CONTRACT	AMOUNT

NEXT 12 MONTHS

SOURCE	SUBJECT OF CONTRACT	AMOUNT

2. INCOME FROM ALL OTHER SOURCES

List all other income that you have received in the past 12 months and expect to receive within the next 12 months.

PAST 12 MONTHS

DESCRIPTION OF INCOME	SOURCE	AMOUNT

NEXT 12 MONTHS

DESCRIPTION OF INCOME	SOURCE	AMOUNT

3. CONFIDENTIALITY

State the reason why any income received by you or a member of your family, or any income received by a private company in which you or a member of your family have an interest, should remain confidential and not be publicly disclosed.

ASSETS

1. REAL PROPERTY INTERESTS

(a) List all real estate, wherever located, in which you have an interest, including family residences and recreational property, whether or not you are registered as owner. Identify the properties used primarily for residential or recreational purposes by you.

PID	ADDRESS	% INTEREST	EST. TOTAL PROPERTY VALUE	RESIDENTIAL/RECREATIONAL	
_____	_____	_____	_____	<input type="checkbox"/> Residential	<input type="checkbox"/> Recreational
_____	_____	_____	_____	<input type="checkbox"/> Residential	<input type="checkbox"/> Recreational
_____	_____	_____	_____	<input type="checkbox"/> Residential	<input type="checkbox"/> Recreational
_____	_____	_____	_____	<input type="checkbox"/> Residential	<input type="checkbox"/> Recreational

*(b) List amounts **owing to you** under a mortgage.*

PID	NAME OF MORTGAGOR	ADDRESS OF MORTGAGOR	AMOUNT OWING
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(c) List all properties on which you hold an option.

PID	REGISTERED OWNER'S NAME	REGISTERED OWNER'S ADDRESS	VALUE OF OPTION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. BANK AND OTHER DEPOSITS not held within RRSPs, RESPs, or TFSAs

List current balances on deposit with a chartered bank, trust company or other financial institution that is lawfully entitled to accept deposits.

FINANCIAL INSTITUTION NAME	INSTITUTION ADDRESS	TYPE OF ACCOUNT	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. GOVERNMENT SECURITIES not held within RRSPs, RESPs, or TFSAs

List all investments or securities of fixed value issued or guaranteed by any level of government or any agency of such government, e.g. Treasury Bills, Government Bonds.

DESCRIPTION OF BOND/SECURITY	VALUE
_____	_____
_____	_____
_____	_____
_____	_____

4. GUARANTEED INVESTMENT CERTIFICATES AND SIMILAR INSTRUMENTS not held within RRSPs, RESPs, or TFSAs

List all guaranteed investment certificates (GICs) and all other financial instruments issued by banks or trust companies, e.g. bank mortgage funds.

DESCRIPTION OF INSTRUMENT	NAME OF ISSUER	ADDRESS	VALUE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. MUTUAL FUNDS not held within RRSPs, RESPs, or TFSAs

(a) List all mutual funds, indicating which funds are open-ended and which are closed. Please attach broker's statement indicating which funds are closed.

NAME OF FUND	ADDRESS	# OF UNITS	VALUE OF SHARES	OPEN-ENDED or CLOSED
_____	_____	_____	_____	<input type="checkbox"/> Open-ended <input type="checkbox"/> Closed
_____	_____	_____	_____	<input type="checkbox"/> Open-ended <input type="checkbox"/> Closed
_____	_____	_____	_____	<input type="checkbox"/> Open-ended <input type="checkbox"/> Closed
_____	_____	_____	_____	<input type="checkbox"/> Open-ended <input type="checkbox"/> Closed

(b) List mutual funds not held within RRSPs which are limited to investment in one industry or one sector of the economy and identify the industry or sector.

NAME OF FUND	INDUSTRY OR SECTOR
_____	_____
_____	_____
_____	_____
_____	_____

6. SHARES AND OTHER INTERESTS IN PUBLIC COMPANIES not held within RRSPs, RESPs, or TFSAs

List all shares and other interests in public companies, e.g. warrants.

NAME OF PUBLIC COMPANY	NUMBER OF SHARES	VALUE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. PRIVATE BUSINESS INTERESTS

List all private business interests including shares or debt interests in sole proprietorships, partnerships, joint ventures, syndicates, cooperatives or similar commercial enterprises. Do not include the private companies listed under #2 of General Information.

NAME OF BUSINESS	DESCRIPTION OF BUSINESS	DESCRIPTION OF INTEREST	VALUE OF INTEREST
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. REGISTERED RETIREMENT SAVINGS PLANS, REGISTERED EDUCATION SAVINGS PLANS, and TAX FREE SAVINGS ACCOUNTS

List all RRSPs, RESPs, and TFSAs. Please attach statement from your fund manager(s) or trustee(s) indicating which plans are self-administered and which are not self-administered.

SELF-ADMINISTERED:

ASSETS	NAME OF TRUSTEE	ADDRESS OF TRUSTEE	VALUE	RRSP, RESP, or TFSA?
_____	_____	_____	_____	<input type="checkbox"/> RRSP <input type="checkbox"/> RESP <input type="checkbox"/> TFSA
_____	_____	_____	_____	<input type="checkbox"/> RRSP <input type="checkbox"/> RESP <input type="checkbox"/> TFSA
_____	_____	_____	_____	<input type="checkbox"/> RRSP <input type="checkbox"/> RESP <input type="checkbox"/> TFSA
_____	_____	_____	_____	<input type="checkbox"/> RRSP <input type="checkbox"/> RESP <input type="checkbox"/> TFSA
_____	_____	_____	_____	<input type="checkbox"/> RRSP <input type="checkbox"/> RESP <input type="checkbox"/> TFSA

NOT SELF-ADMINISTERED:

ASSETS	NAME OF TRUSTEE	ADDRESS OF TRUSTEE	VALUE	RRSP, RESP, or TFSA?
_____	_____	_____	_____	<input type="checkbox"/> RRSP <input type="checkbox"/> RESP <input type="checkbox"/> TFSA
_____	_____	_____	_____	<input type="checkbox"/> RRSP <input type="checkbox"/> RESP <input type="checkbox"/> TFSA
_____	_____	_____	_____	<input type="checkbox"/> RRSP <input type="checkbox"/> RESP <input type="checkbox"/> TFSA
_____	_____	_____	_____	<input type="checkbox"/> RRSP <input type="checkbox"/> RESP <input type="checkbox"/> TFSA
_____	_____	_____	_____	<input type="checkbox"/> RRSP <input type="checkbox"/> RESP <input type="checkbox"/> TFSA

9. PENSION RIGHTS: *List all pension rights.*

NAME OF ORGANIZATION OBLIGATED TO PAY PENSION	ADDRESS OF ORGANIZATION OBLIGATED TO PAY PENSION
_____	_____
_____	_____
_____	_____
_____	_____

10. LIFE INSURANCE POLICIES: *List all life insurance policies in your name.*

INSURER	FACE VALUE OF POLICY	BENEFICIARY
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. ANNUITIES: *List all annuities.*

DESCRIPTION	NAME OF TRUSTEE	ADDRESS OF TRUSTEE	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. HOUSEHOLD AND PERSONAL PROPERTY

List all motor vehicles and personal property of a household, educational, recreational, social or aesthetic nature.

DESCRIPTION OF PROPERTY	VALUE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

13. OTHER ASSETS: *List all other assets not previously stated, e.g. Registered Home Ownership Savings Plan, Scholarship Funds.*

DESCRIPTION OF ASSET	VALUE
_____	_____
_____	_____
_____	_____
_____	_____

LIABILITIES

1. MORTGAGES: *List all amounts owing by you under a mortgage.*

PID	ADDRESS OF PROPERTY	NAME OF MORTGAGEE	ADDRESS OF MORTGAGEE	AMOUNT OWING
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. UNPAID REALTY TAXES: *List all unpaid realty taxes owing by you.*

PID	ADDRESS OF PROPERTY	PERIOD FOR WHICH TAX UNPAID	AMOUNT OWING
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. LOANS: *List all loans other than mortgages in respect of which you owe money.*

CREDITOR	ADDRESS	AMOUNT OWING
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. GUARANTEES: *List all guarantees for which you are responsible.*

CREDITOR	ADDRESS	PRINCIPAL DEBTOR	ADDRESS	AMOUNT GUARANTEED
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. CREDIT CARDS: *List all credit cards held by you other than those for which the balance is paid in full monthly.*

CREDIT CARD	ADDRESS OF ISSUER	AMOUNT OUTSTANDING
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. UNPAID INCOME TAX: *List all unpaid income taxes and the status of each account.*

YEAR	AMOUNT	STATUS OF AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. SUPPORT OBLIGATIONS: *List all support obligations for which you are responsible.*

PERSON FOR WHOM SUPPORT IS PAID	ADDRESS	AMOUNT OF OBLIGATION
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. OTHER LIABILITIES: *List all other liabilities not previously stated.*

DESCRIPTION OF LIABILITY	NAME OF LIABILITY OWNER	ADDRESS OF LIABILITY OWNER	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. LIABILITIES NOT TO BE DISCLOSED TO THE PUBLIC: *State the reason why any liability listed herein should remain confidential and not be publicly disclosed.*