

MEMBER'S STATEMENT OF GIFTS AND PERSONAL BENEFITS

Section 13 of the Conflict of Interest Act states:

- (1) *A member or a person who belongs to the member's family, shall not accept a fee, gift or personal benefit that is connected directly or indirectly with the performance of the member's duties of office.*
- (2) *Subsection (1) does not apply to,*
 - (a) *compensation authorized by law; or*
 - (b) *a gift or personal benefit (i) that is received as an incident of the protocol, customs or social obligations that normally accompany the responsibilities of office, or (ii) that is of such nature that it could not reasonably be regarded as likely to influence the member in the performance of the member's duties.*
- (3) *Within 30 days of receipt by the member or a person who belongs to the member's family, of a gift or personal benefit referred to in clause (2)(b) that exceeds \$500 in value, the member shall file with the Commissioner a disclosure statement in the form provided by the Commissioner, indicating the nature of the gift or benefit, its source, and the circumstances under which it was given and accepted.*
- (4) *Subsection (3) also applies to gifts and benefits where the total value of what is received from one source in any 12-month period exceeds \$500.*

Complete and file this Statement within 30 days if you accept a gift or benefit which falls within s.13 of the Act.

<u>Date of Receipt</u>	<u>Name of Donor</u>	<u>Address of Donor</u>	<u>Nature of Gift or Benefit</u>	<u>Value</u>
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TOTAL VALUE \$ _____

Describe the circumstances under which each gift or benefit listed above was given and accepted.

If a gift or benefit listed above was received indirectly from a source other than the donor listed above, what is the name and address of the source?

If you have donated the gift or benefit to another individual or organization, please state the name and address of that individual or organization.

I certify that the gifts and benefits listed above were received as an incident of the protocol, customs or social obligations that normally accompany the responsibilities of my office.

Approved by:

Commissioner

Date

Member's Signature

Name of Member (Please Print)

Date