

**PRIVILEGED**

**Disclosure Statement of Member's and Minister's Private Interests  
to the Commissioner for Legislative Standards**

Initial Statement of Elected Members following the  
2021 General Election

*Printed Pursuant to the requirements of Section 36 of the  
House of Assembly Act Part II Conflict of Interest*

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## MEMBER'S CERTIFICATION

I, \_\_\_\_\_ certify that I have read and understand Part II of the House of Assembly Act, Statutes of Newfoundland and Labrador, and that I shall observe the requirements therein set forth.

This private disclosure statement, to the best of my knowledge, accurately discloses all assets, liabilities, financial interests, and income of myself, my spouse, my minor children, my dependent relatives and all corporations and partnerships, in which any of us, or a combination of us, hold an interest, as required by the Act.

\_\_\_\_\_  
Member

\_\_\_\_\_  
Date

## PERSONAL INFORMATION

MEMBER/MINISTER													
<b>Name:</b>													
<b>Home Address:</b>													
<b>Mailing Address:</b> <i>(if different from Home Address)</i>													
<b>Contact Numbers:</b>	Home: ----- Cell: ----- Office: ----- Fax: -----												
<b>Email Address:</b>													
<b>I would prefer to be contacted at:</b>													
<input type="checkbox"/> Confederation Building Office <input type="checkbox"/> Constituency Office <input type="checkbox"/> Home													
MEMBER/MINISTER'S FAMILY													
<b>This form is also completed for my:</b>													
<input type="checkbox"/> <b>Spouse</b>	Name: ----- Address: -----												
<input type="checkbox"/> <b>Common-law Partner</b>	Name: ----- Address: -----												
<input type="checkbox"/> <b>Dependent Children</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%; padding: 5px;">Child's Name:</th> <th style="width: 40%; padding: 5px;">Child's Date of Birth: (yyyy/mm/dd)</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </tbody> </table>	Child's Name:	Child's Date of Birth: (yyyy/mm/dd)										
Child's Name:	Child's Date of Birth: (yyyy/mm/dd)												
<input type="checkbox"/> <b>Dependent Relatives</b>	Dependent Relative's Name: ----- Address: -----												

Additional sheets may be attached if necessary.

## SECTION 1 – REAL PROPERTY

Do you own any real property?  
(e.g. home, cottage/cabin, rental units or similar)

Yes       No

If yes, please identify below:

<b>MEMBER/MINISTER</b>	
<b><u>Principal Residence</u></b> <input type="checkbox"/> N/A	
<b>Civic Address:</b>	
<b>Value: (\$)</b>	\$ _____
<b>Ownership:</b>	<input type="checkbox"/> Sole <input type="checkbox"/> Joint
<b>Name of co-owner(s) and relationship:</b> <i>(spouse, child, friend, business associate, etc.)</i>	
<b>Your share: (%)</b>	_____ %
<b>MEMBER/MINISTER</b>	
<b><u>Second Residence</u></b> <input type="checkbox"/> N/A	
<b>Civic Address:</b>	
<b>Value: (\$)</b>	\$ _____
<b>Ownership:</b>	<input type="checkbox"/> Sole <input type="checkbox"/> Joint
<b>Name of co-owner(s) and relationship:</b> <i>(spouse, child, friend, business associate, etc.)</i>	
<b>Your share: (%)</b>	_____ %
<b>Use:</b> <i>(recreational, personal, rental, investment, etc.)</i>	

**MEMBER/MINISTER****Third Residence**     **N/A**

<b>Civic Address:</b>	
<b>Value: (\$)</b>	\$ _____
<b>Ownership:</b>	<input type="checkbox"/> Sole <input type="checkbox"/> Joint
<b>Name of co-owner(s) and relationship:</b> <i>(spouse, child, friend, business associate, etc.)</i>	
<b>Your share: (%)</b>	_____ %
<b>Use:</b> <i>(recreational, personal, rental, investment, etc.)</i>	

**MEMBER/MINISTER****Investment – Real Property**     **N/A**

<b>Civic Address:</b>	
<b>Value: (\$)</b>	\$ _____
<b>Ownership:</b>	<input type="checkbox"/> Sole <input type="checkbox"/> Joint
<b>Name of co-owner(s) and relationship:</b> <i>(spouse, child, friend, business associate, etc.)</i>	
<b>Your share: (%)</b>	_____ %
<b>Is the provincial government or one of its agencies a tenant?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, please specify:</b>	

Additional sheets may be attached if necessary.

**MEMBER/MINISTER****Farm(s)**     N/A

<b>Civic Address:</b>	
<b>Value: (\$)</b>	\$ _____
<b>Ownership:</b>	<input type="checkbox"/> Sole <input type="checkbox"/> Joint
<b>Name of co-owner(s) and relationship:</b> <i>(spouse, child, friend, business associate, etc.)</i>	
<b>Your share: (%)</b>	_____ %
<b>Purpose of Farm:</b>	<input type="checkbox"/> hobby farm <input type="checkbox"/> commercial farm <input type="checkbox"/> leased farm
<b>Details of Operation:</b> <i>(e.g. hay, beef, dairy, seed, etc.)</i>	
Specify whether there will be any contracts, grants or contributions with the Government of Newfoundland and Labrador in the preceding 12 months or the next 12 months:	<input type="checkbox"/> Yes <input type="checkbox"/> No

**MEMBER/MINISTER****Vacant Land(s)**     N/A

<b>Civic Address:</b>	
<b>Value: (\$)</b>	\$ _____
<b>Ownership:</b>	<input type="checkbox"/> Sole <input type="checkbox"/> Joint
<b>Name of co-owner(s) and relationship:</b> <i>(spouse, child, friend, business associate, etc.)</i>	
<b>Your share: (%)</b>	_____ %
<b>Use:</b> <i>(recreational, personal, investment, rental, etc.)</i>	

Additional sheets may be attached if necessary.

**SECTION 2 – PERSONAL USE PROPERTY (PUP)**  
*(with a potential for conflict)*

**PUP #1:**

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**PUP #2:**

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Additional sheets may be attached if necessary.



## SECTION 3 – FINANCIAL INSTRUMENTS/DEPOSITS/HOLDINGS

### CASH DEPOSITS

(chequing, savings, etc.)

#### Cash Deposit #1

Name of Institution: \_\_\_\_\_

Type of Deposit: \_\_\_\_\_ Ownership: \_\_\_\_\_

Approximate Balance: \_\_\_\_\_

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#### Cash Deposit #2

Name of Institution: \_\_\_\_\_

Type of Deposit: \_\_\_\_\_ Ownership: \_\_\_\_\_

Approximate Balance: \_\_\_\_\_

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#### Cash Deposit #3

Name of Institution: \_\_\_\_\_

Type of Deposit: \_\_\_\_\_ Ownership: \_\_\_\_\_

Approximate Balance: \_\_\_\_\_

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#### Cash Deposit #4

Name of Institution: \_\_\_\_\_

Type of Deposit: \_\_\_\_\_ Ownership: \_\_\_\_\_

Approximate Balance: \_\_\_\_\_

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Additional sheets may be attached if necessary.

**SECTION 3 – FINANCIAL INSTRUMENTS/DEPOSITS/HOLDINGS**

*(continued)*

**GUARANTEED INVESTMENT CERTIFICATES/TERM DEPOSITS**

**GIC/Deposit #1**

Name of Issuer: \_\_\_\_\_

Type of Deposit: \_\_\_\_\_ Ownership: \_\_\_\_\_

Approximate Value: \_\_\_\_\_

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**GIC/Deposit #2**

Name of Issuer: \_\_\_\_\_

Type of Deposit: \_\_\_\_\_ Ownership: \_\_\_\_\_

Approximate Value: \_\_\_\_\_

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**FIXED VALUE SECURITIES OF GOVERNMENTS/CROWN AGENCIES**

**FVSecurity #1**

Name of Issuer: \_\_\_\_\_

Type of Security: \_\_\_\_\_ Ownership: \_\_\_\_\_

Approximate Value: \_\_\_\_\_

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**FVSecurity #2**

Name of Issuer: \_\_\_\_\_

Type of Security: \_\_\_\_\_ Ownership: \_\_\_\_\_

Approximate Value: \_\_\_\_\_

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Additional sheets may be attached if necessary.

## SECTION 3 – FINANCIAL INSTRUMENTS/DEPOSITS/HOLDINGS

(continued)

### REGISTERED & NON-REGISTERED SAVINGS PLANS

Do you have investments in any of the following?

#### **Registered Investment Type**

*(recent statements of account required)*

Registered Retirement Savings Plans (RRSPs)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, are the investments self-directed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Registered Education Savings Plans (RESPs)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Registered Retirement Income Funds (RRIFs)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Locked-In Retirement Accounts (LIRAs)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Registered Investments (RIs)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Deferred Profit Sharing Plans (DPSPs)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Supplementary Unemployment Benefit Plans (SUBPs)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No

#### **Additional Investments**

*(recent statements of account required)*

Mutual Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, are the investments self-directed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stocks	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Corporate Bonds	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Trust Units	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stock options, warrants, rights & similar instruments	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stock market indices	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Closed-end mutual funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Commodities, futures and foreign currencies held or traded for speculative purposes	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No

## SECTION 4 – PENSION RIGHTS/ANNUITIES

### Pension/Insurance Right #1

Name of Plan/Insurance: \_\_\_\_\_

Ownership: \_\_\_\_\_

Approximate Payout: \_\_\_\_\_

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### Pension/Insurance Right #2

Name of Plan/Insurance: \_\_\_\_\_

Ownership: \_\_\_\_\_

Approximate Payout: \_\_\_\_\_

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### Pension/Insurance Right #3

Name of Plan/Insurance: \_\_\_\_\_

Ownership: \_\_\_\_\_

Approximate Payout: \_\_\_\_\_

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## SECTION 5 – BEQUESTS/INHERITANCE/TRUSTEESHIP

Please identify any trusts from which you could, currently or in the future, either directly or indirectly, derive a benefit or income:

\_\_\_\_\_

Description of the Assets:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your share: \_\_\_\_\_ %

Value: \$ \_\_\_\_\_

Additional sheets may be attached if necessary.

## SECTION 6 – BUSINESS ASSETS

<b>Business Assets</b> <input type="checkbox"/> N/A	
<b><u>Business Asset #1</u></b>	
<b>Legal Status:</b>	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Private Corporation
<b>Name &amp; Address of Business:</b>	
<b>Nature of Business Activities:</b>	
<b>Share of Interest: (%)</b>	_____ %
<b>Any contracts or subcontracts with the Government of Newfoundland and Labrador?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, please specify terms:</b> <i>(i.e. subject matter, nature and benefit)</i>	

<b><u>Business Asset #2</u></b>	
<b>Legal Status:</b>	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Private Corporation
<b>Name &amp; Address of Business:</b>	
<b>Nature of Business Activities:</b>	
<b>Share of Interest: (%)</b>	_____ %
<b>Any contracts or subcontracts with the Government of Newfoundland and Labrador?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, please specify terms:</b> <i>(i.e. subject matter, nature and benefit)</i>	

<b><u>Business Asset #3</u></b>	
<b>Legal Status:</b>	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Private Corporation
<b>Name &amp; Address of Business:</b>	
<b>Nature of Business Activities:</b>	
<b>Share of Interest: (%)</b>	_____ %
<b>Any contracts or subcontracts with the Government of Newfoundland and Labrador?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, please specify terms:</b> <i>(i.e. subject matter, nature and benefit)</i>	

<b><u>Business Asset #4</u></b>	
<b>Legal Status:</b>	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Private Corporation
<b>Name &amp; Address of Business:</b>	
<b>Nature of Business Activities:</b>	
<b>Share of Interest: (%)</b>	_____ %
<b>Any contracts or subcontracts with the Government of Newfoundland and Labrador?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, please specify terms:</b> <i>(i.e. subject matter, nature and benefit)</i>	

<b><u>Business Asset #5</u></b>	
<b>Legal Status:</b>	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Private Corporation
<b>Name &amp; Address of Business:</b>	
<b>Nature of Business Activities:</b>	
<b>Share of Interest: (%)</b>	_____ %
<b>Any contracts or subcontracts with the Government of Newfoundland and Labrador?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, please specify terms:</b> <i>(i.e. subject matter, nature and benefit)</i>	

Additional sheets may be attached if necessary.







## SECTION 9 – FINANCIAL OBLIGATIONS

### BANK LOANS/MORTGAGE

#### Bank Loan #1

Nature/Type: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Responsibility: \_\_\_\_\_

Amount: \_\_\_\_\_

Other Information: \_\_\_\_\_

-----

#### Bank Loan #2

Nature/Type: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Responsibility: \_\_\_\_\_

Amount: \_\_\_\_\_

Other Information: \_\_\_\_\_

-----

#### Bank Loan #3

Nature/Type: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Responsibility: \_\_\_\_\_

Amount: \_\_\_\_\_

Other Information: \_\_\_\_\_

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## SECTION 9 – FINANCIAL OBLIGATIONS

*(continued)*

### **LINES OF CREDIT**

(with outstanding balances)

#### **Line of Credit #1**

Financial Institution: \_\_\_\_\_

Responsibility: \_\_\_\_\_

Amount: \_\_\_\_\_

Other Information: \_\_\_\_\_

-----

#### **Line of Credit #2**

Financial Institution: \_\_\_\_\_

Responsibility: \_\_\_\_\_

Amount: \_\_\_\_\_

Other Information: \_\_\_\_\_

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#### **Line of Credit #3**

Financial Institution: \_\_\_\_\_

Responsibility: \_\_\_\_\_

Amount: \_\_\_\_\_

Other Information: \_\_\_\_\_

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## SECTION 9 – FINANCIAL OBLIGATIONS

*(continued)*

### CREDIT CARDS

(with outstanding balances)

#### Credit Card #1

Financial Institution: \_\_\_\_\_

Responsibility: \_\_\_\_\_

Amount: \_\_\_\_\_

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#### Credit Card #2

Financial Institution: \_\_\_\_\_

Responsibility: \_\_\_\_\_

Amount: \_\_\_\_\_

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#### Credit Card #3

Financial Institution: \_\_\_\_\_

Responsibility: \_\_\_\_\_

Amount: \_\_\_\_\_

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#### Credit Card #4

Financial Institution: \_\_\_\_\_

Responsibility: \_\_\_\_\_

Amount: \_\_\_\_\_

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## SECTION 9 – FINANCIAL OBLIGATIONS

*(continued)*

### CREDIT CARDS

(with outstanding balances)

#### Credit Card #5

Financial Institution: \_\_\_\_\_

Responsibility: \_\_\_\_\_

Amount: \_\_\_\_\_

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#### Credit Card #6

Financial Institution: \_\_\_\_\_

Responsibility: \_\_\_\_\_

Amount: \_\_\_\_\_

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### LOAN GUARANTEES

**Lender #1:** \_\_\_\_\_

Person Guaranteed: \_\_\_\_\_

Amount: \_\_\_\_\_

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**Lender #2:** \_\_\_\_\_

Person Guaranteed: \_\_\_\_\_

Amount: \_\_\_\_\_

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**Lender #3:** \_\_\_\_\_

Person Guaranteed: \_\_\_\_\_

Amount: \_\_\_\_\_

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**SECTION 9 – FINANCIAL OBLIGATIONS**  
*(continued)*

**UNPAID TAXES**

**Government/Source #1:** \_\_\_\_\_

Period Owed: \_\_\_\_\_

Amount Outstanding: \_\_\_\_\_

Formal Appeal Notice: \_\_\_\_\_

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**Government/Source #2:** \_\_\_\_\_

Period Owed: \_\_\_\_\_

Amount Outstanding: \_\_\_\_\_

Formal Appeal Notice: \_\_\_\_\_

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**SECTION 10 – OTHER SIGNIFICANT LIABILITIES**

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## SECTION 11 – SOURCES OF INCOME/BENEFITS

SOURCE OF INCOME:	DETAILS:
Employment Income #1	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes:</p> <p>Ownership:</p> <p><input type="checkbox"/> Member    <input type="checkbox"/> Spouse    <input type="checkbox"/> Child    <input type="checkbox"/> Dependent Relative</p> <p>Employer: _____</p> <p>Annual Income: \$ _____</p>
Employment Income #2	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes:</p> <p>Ownership:</p> <p><input type="checkbox"/> Member    <input type="checkbox"/> Spouse    <input type="checkbox"/> Child    <input type="checkbox"/> Dependent Relative</p> <p>Employer: _____</p> <p>Annual Income: \$ _____</p>
Employment Income #3	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes:</p> <p>Ownership:</p> <p><input type="checkbox"/> Member    <input type="checkbox"/> Spouse    <input type="checkbox"/> Child    <input type="checkbox"/> Dependent Relative</p> <p>Employer: _____</p> <p>Annual Income: \$ _____</p>

SOURCE OF INCOME:	DETAILS:
Professional Income #1	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Ownership: <input type="checkbox"/> Member <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Dependent Relative Employer: _____ Annual Income: \$ _____
Professional Income #2	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Ownership: <input type="checkbox"/> Member <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Dependent Relative Employer: _____ Annual Income: \$ _____
Professional Income #3	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Ownership: <input type="checkbox"/> Member <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Dependent Relative Employer: _____ Annual Income: \$ _____
Business Income #1	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Ownership: <input type="checkbox"/> Member <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Dependent Relative Name of Company: _____ Annual Income: \$ _____



SOURCE OF INCOME:	DETAILS:
Business Income #2	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Ownership: <input type="checkbox"/> Member <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Dependent Relative Name of Company: _____ Annual Income: \$ _____
Business Income #3	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Ownership: <input type="checkbox"/> Member <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Dependent Relative Name of Company: _____ Annual Income: \$ _____
Pension Income #1	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Ownership: <input type="checkbox"/> Member <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Dependent Relative Plan Name: _____ Annual Income: \$ _____
Pension Income #2	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Ownership: <input type="checkbox"/> Member <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Dependent Relative Plan Name: _____ Annual Income: \$ _____

SOURCE OF INCOME:	DETAILS:
Pension Income #3	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Ownership: <input type="checkbox"/> Member <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Dependent Relative Plan Name: _____ Annual Income: \$ _____
Personal Service Contract #1	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Ownership: <input type="checkbox"/> Member <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Dependent Relative Name of Contracting Party: _____ Annual Income: \$ _____
Personal Service Contract #2	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Ownership: <input type="checkbox"/> Member <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Dependent Relative Name of Contracting Party: _____ Annual Income: \$ _____
Personal Service Contract #3	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Ownership: <input type="checkbox"/> Member <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Dependent Relative Name of Contracting Party: _____ Annual Income: \$ _____

SOURCE OF INCOME:	DETAILS:
Other income/benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: Ownership: <input type="checkbox"/> Member <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Dependent Relative <hr/> <hr/> <hr/> <hr/>

Additional sheets may be attached if necessary.

**SECTION 11 – OTHER POSITIONS/BENEFITS**

**LEAVE OF ABSENCE FROM ANY EMPLOYMENT:**

Ownership: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Duration of Leave: \_\_\_\_\_

Ownership: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Duration of Leave: \_\_\_\_\_

**CORPORATE POSTS DIRECTORSHIPS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EXECUTIVE POSTS IN ASSOCIATIONS/VOLUNTEER GROUPS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CROWN AGENCY MEMBERSHIP:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





