

YUKON LEGISLATIVE ASSEMBLY

MEMBER'S DISCLOSURE STATEMENT

CONFLICT OF INTEREST (MEMBERS AND MINISTERS) ACT LEGISLATIVE ASSEMBLY ACT

as of _____, 20_____
[date disclosure statement signed]

PERIOD COVERED BY STATEMENT FROM _____ **TO** _____
(Year) (Month) (Day) (Year) (Month) (Day)
[Date of last disclosure statement] [Date of declaration]

NAME OF MEMBER: _____

I am familiar with the requirements of the *Conflict of Interest (Members and Ministers) Act* and with section 7 of the *Legislative Assembly Act*. This Disclosure Statement to the best of my knowledge, information and belief, accurately discloses all assets, liabilities, financial interests and sources of income of me and my family, and all other information required by the two Acts. To the best of my knowledge, information and belief, I and my family have taken all reasonable steps to ensure that no real, apparent, or potential conflict of interest exists, or will arise, between my personal and business affairs and my public duties.

Date of Signature

Signature of Member

ELECTRONIC SIGNATURES ARE NOT PERMITTED

NOTES:

1. "Family" includes dependent relatives of the member residing in the same household as the member and includes his or her spouse.
2. "Spouse" means a person who is married to a member or a person who is cohabiting with another person as a couple but does not include a husband or a wife or a person who formerly cohabited with a member who is separated and living apart from a member and who
 - (a) has entered into a written agreement under which they have agreed to live apart; or
 - (b) is subject to an order of the court recognizing the separation.
3. Where the answer to any of the questions is "none" or "nil", please indicate that answer by use of the appropriate wording rather than leaving the form blank.



I HEREBY DISCLOSE:

A. SOURCES OF INCOME

1. INCOME FROM THE GOVERNMENT OF YUKON

List all sources of income you or members of your family have received from any ministry, board, or corporation of the Government of Yukon during the period covered by this disclosure statement.

Source (who paid it?)	Type (e.g. employment income, business income, investment income, etc.)
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MEMBER

Provide additional information separately.

Provide additional information separately.

SPOUSE

Provide additional information separately.

Provide additional information separately.

FAMILY (Identify by name and relationship)

Provide additional information separately.

Provide additional information separately.



2. INCOME FROM ALL OTHER SOURCES

List all other sources of income you or members of your family have received during the period covered by this disclosure statement.

Source
(who paid it?)

Type
(e.g. employment income, business income, investment income, etc. This will include remuneration from any person, corporation or subsidiary, partnership or organization for services performed as an officer, director, manager, proprietor, partner or employee.)

MEMBER

Provide additional information separately.

Provide additional information separately.

SPOUSE

Provide additional information separately.

Provide additional information separately.

FAMILY (Identify by name and relationship)

Provide additional information separately.

Provide additional information separately.

B. REAL PROPERTY

List all real property in Yukon in which you and/or your family have or have had had an interest in the period covered by this disclosure statement.

NOTES:

1. An interest in real property includes registered ownership of real property, interest in a mortgage, interest in an agreement for sale, a leasehold interest and all other interests in real property including a mineral claim or mineral lease.



2. You do not need to include the family home or other real property owned by one spouse or both spouses and ordinarily used or enjoyed by both spouses or by one or more of their children while the spouses are residing together for shelter or transportation, or for household, educational, recreational, social, or aesthetic purposes.)

Name of person <i>(Member, spouse or family member)</i>	Type of interest	Property description and location
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Provide additional information separately.

Provide additional information separately.

Provide additional information separately.

C. CORPORATE ASSETS

1. SHARES, SECURITIES AND OTHER INTERESTS IN PUBLIC CORPORATIONS

List all public corporations in which you or a member of your family holds shares, securities or other interests.

Name of Corporation	Details of ownership interest <i>(e.g. common, voting or non-voting shares; preferred shares; (in the case of a credit union or cooperative whether qualifying shares); bonds; debentures; options, etc.)</i>
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MEMBER

Provide additional information separately.

Provide additional information separately.



SPOUSE

Provide additional information separately.

Provide additional information separately.

FAMILY (Identify by name and relationship)

Provide additional information separately.

Provide additional information separately.

2. PRIVATE BUSINESS INTERESTS including shares and other interests in private corporations, sole proprietorships, partnerships, associations or societies.

- (i) Check at the appropriate place where you or family members have an interest.

	MEMBER	SPOUSE	FAMILY (identify by name and relationship)
(a) Private Corporations	[]	[]	[] _____
(b) Sole proprietorships	[]	[]	[] _____
(c) Partnerships	[]	[]	[] _____
(d) Associations	[]	[]	[] _____
(e) Societies	[]	[]	[] _____

- (ii) Where you have checked an entity, please indicate with respect to each checkmark the name of the entity in which the interest is held and the nature of the interest held (*i.e. shares, memberships, et cetera*).

Provide additional information separately.



(iii) If you have checked “private corporations”, list any directorships and offices held by you and members of your family.

Provide additional information separately.

(iv) If you have checked “private corporations”, indicate whether any combination of you and your family members own sufficient shares to give control of the private corporation to you or your family members.

Provide additional information separately.

(v) If you have checked “associations” or “societies”, list and directorships and offices held by you and members of your family.

Provide additional information separately.



D. OTHER ASSETS

Check at the appropriate place any of the following assets owned by you or a member of your family.

	MEMBER	SPOUSE	FAMILY <i>(identify by name and relationship)</i>
(a) Bank and other deposits	[]	[]	[] _____
(b) Government Bonds and Securities <i>(securities issued or guaranteed by Canada, a province or a local government)</i>	[]	[]	[] _____
(c) Guaranteed Investment Certificates or Debentures	[]	[]	[] _____
(d) Pension Rights	[]	[]	[] _____
(e) Annuities	[]	[]	[] _____
(f) Life Insurance Policies with a cash surrender value	[]	[]	[] _____
(g) Mutual Funds and Segregated Funds <i>(other than those contained in RRSPs)</i>	[]	[]	[] _____
(h) Registered Retirement Savings Plan (RRSP)	[]	[]	[] _____
(i) Registered Education Savings Plan (RESP)	[]	[]	[] _____
(j) Registered Income Plan Investment Funds (RIFF)	[]	[]	[] _____

E. BENEFITS FROM GOVERNMENT CONTRACTS

List any contracts or agreements with the Government of the Yukon Territory during the period covered by your statement that you and/or the following named member(s) of your family, alone or with another, or through a trustee, corporation, or third party, have participated in or benefited from:

Name of participant <i>(Member, spouse or family member)</i>	Description of government contract or agreement and nature of participation	Value of contract to participant
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Provide additional information separately.

Provide additional information separately.

Provide additional information separately.



F. LIABILITIES

1. MORTGAGES

List all mortgages in respect of which you or a member of your family owes money or some other obligation.

Description and Address of
Mortgaged Property

Name and Location of Mortgagee

MEMBER

Provide additional information separately.

Provide additional information separately.

SPOUSE

Provide additional information separately.

Provide additional information separately.

FAMILY (Identify by name and relationship)

Provide additional information separately.

Provide additional information separately.

2. LOANS

List all creditors other than mortgagees to whom you or a member of your family owes money.

Name of Creditor

Address

MEMBER

Provide additional information separately.

Provide additional information separately.



SPOUSE

Provide additional information separately.

Provide additional information separately.

FAMILY *(Identify by name and relationship)*

Provide additional information separately.

Provide additional information separately.

3. OTHER LIABILITIES

- (a) List other liabilities (other than delinquent taxes) for which you or a member of your family is responsible and has not been reported in paragraphs F1 or F2. *(You need not disclose commercial accounts and credit card indebtedness that will be retired within the normal course of business.)*

Description of Liability

Name and Address of Person
to Whom Liability Owed

MEMBER

Provide additional information separately.

Provide additional information separately.

SPOUSE

Provide additional information separately.

Provide additional information separately.

FAMILY *(Identify by name and relationship)*

Provide additional information separately.

Provide additional information separately.



(b) Delinquent taxes including overdue land taxes and unpaid income tax.

Description of Delinquent Taxes
and to whom owed

MEMBER

SPOUSE

Provide additional information separately.

FAMILY *(Identify by name and relationship)*

Provide additional information separately.

Provide additional information separately.

Provide additional information separately.



G. GIFTS

List the benefits or gifts that you have received during the period governed by this disclosure statement in connection with the performance of your public duties (*ie. in accordance with official protocol or conventional practice*).

Name of donor and benefit of gift received	Particulars of benefit or gift	Estimated value of benefit or gift	Was it given to you in accordance with official protocol or convention (<i>yes or no</i>)
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Provide additional information separately.

FOR USE ONLY BY THE OFFICE OF THE CLERK OF THE ASSEMBLY

Date received: _____

Received by: _____ Signature: _____

Date copy returned to Member: _____ By mail [] By hand []

Date transmitted to Conflicts Commissioner: _____

