

CONFIDENTIAL

**OFFICE OF THE ETHICS COMMISSIONER
PROVINCE OF ALBERTA**

**MEMBER'S PRIVATE DISCLOSURE STATEMENT
UPDATE FORM 1: MEMBER
As at April 1, 2009**



MEMBER'S NAME:

NAME OF CONSTITUENCY:

DECLARATION:

I am familiar with the requirements of the Conflicts of Interest Act, Chapter C-23, Revised Statutes of Alberta 2000, and with subsequent amendments, including those proclaimed into force April 1, 2008.

This private disclosure statement, together with all previous private disclosure statements and notices of material change submitted by me, accurately discloses, to the best of my knowledge, all assets, liabilities, financial interests, and income of myself, my spouse or adult interdependent partner, my minor children, and private corporations controlled by any of us, or a combination of us, as required by that Act.

Member's Signature

Date Submitted to Ethics Commissioner

Ethics Commissioner

Date of Meeting

PERSONAL INFORMATION

1. **PERSONAL INFORMATION.** If you have changed addresses or phone numbers (home or office), please provide the new information below:

New Address	New Phone No.
Home:	
Business:	
Constituency:	

2. **PRIVATE CORPORATIONS CONTROLLED BY THE MEMBER AND THE MEMBER'S SPOUSE OR ADULT INTERDEPENDENT PARTNER AND MINOR CHILDREN, OR ANY ONE OR MORE OF THEM.** Are there any changes to the private corporations controlled by you, your spouse or adult interdependent partner, your minor children or any of you? Yes No
 If "yes," please identify the private corporation added or deleted from your previous disclosure.

Add this corporation:	Do you also hold an office or directorship in this corporation? Yes <input type="checkbox"/> No <input type="checkbox"/>
Delete this corporation:	Do you retain any interests or an office or directorship? Yes <input type="checkbox"/> No <input type="checkbox"/>

3. **OFFICES AND DIRECTORSHIPS.**

(A) Are there any changes to your disclosure with respect to your service as an officer or director of any corporation? Yes No

Resigned from (list name of entity):	Position held:	Effective Date:

Commenced (list name of entity):	Position held:	Effective Date:

(B) Members are not permitted to hold offices or directorships as set out in section 6 of the Conflicts of Interest Act (list of entities set out in the Schedule to the Act). Members of the Executive Council should also refer to section 21 of the Act.

Please confirm that you do not hold an office or directorship that is not permitted in the Act:

I do not hold an office or directorship that is prohibited under the Act.

4. **EMPLOYMENT.** If you previously disclosed that you are currently on leave of absence from any employer or employment, please confirm that you are still on leave of absence. Yes No

If circumstances have changed, please provide details:
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Have you taken a leave of absence from any employer or employment not previously disclosed?
 Yes No

If yes, please indicate the name of the employer:

STATEMENT OF INCOME

1. **INCOME FROM THE PROVINCE OF ALBERTA.** List any additional sources of income not previously disclosed. Please also identify any sources of income you no longer receive as at the date of disclosure.

New Sources of Income			
Description, including type (salary, wages, dividend, etc.) and from what source	Amount	Date source of income commenced	
Source:	Type:		
Source:	Type:		

Delete Source of Income	
Indicate Source	Date of termination

2. **INCOME FROM ALL OTHER SOURCES.** List any additional sources of income you received since your last disclosure and any sources of income which you no longer receive.

New Sources of Income			
Description, including type (salary, wages, dividend, etc.) and from what source		Amount	Date source of income commenced
Source:	Type:		
Source:	Type:		

Delete Source of Income	
Indicate Source	Date of termination

3. **CONFIDENTIALITY.** Please state whether any source of income received by your spouse or adult interdependent partner or minor child or a private corporation is or will be received in respect of services or things that are customarily provided on a confidential basis. Reference: Section 14(7)(a) of the Conflicts of Interest Act. NOTE: No amounts or values relating to income, assets, liabilities, or financial interests will be disclosed publicly.

4. **POSSIBILITY OF SERIOUS HARM TO BUSINESS.** Please state whether there is a possibility of serious harm to a business of your spouse or adult interdependent partner or minor child or a private corporation, which would justify a departure from the general principle of public disclosure. Reference: Section 14(7)(b) of the Conflicts of Interest Act.

STATEMENT OF ASSETS

1. REAL PROPERTY INTERESTS.

(A) **Residence:** Have you changed personal residences? Yes No If you have purchased new property, please provide the details below.

Address of Property Sold	Address of Property Purchased	Nature of Interest in new Property	Value of New Property
Mortgage on sold property paid off? Yes <input type="checkbox"/> No <input type="checkbox"/>			

(B) **Recreational Property:** Have you bought or sold recreational property since your last disclosure? Yes No If you responded “yes,” please provide details below:

Address of Property Sold	Address of Property Purchased	Nature of Interest in new Property	Value of New Property
Mortgage on sold property paid off? Yes <input type="checkbox"/> No <input type="checkbox"/>			

(C) **Other Property Interests of the Member:** Have you purchased or sold any other property since your last disclosure? Yes No If you responded “yes,” please provide details below:

Address of Property Sold	Address of Property Purchased	Nature of Interest in new Property	Value of New Property
Mortgage on sold property paid off? Yes <input type="checkbox"/> No <input type="checkbox"/>			

2. BANK AND OTHER DEPOSITS. Have you changed financial institutions? Yes No If “yes,” please provide the name of the institution you are now dealing with and the nature of the deposit.

No longer dealing with:	New account with:	Type of new account:	Amount in new account:

3. **CANADA SAVINGS BONDS AND GOVERNMENT SECURITIES.** Are there any changes to your holdings of CSBs or any other government securities since your last disclosure? Yes No If “yes,” please provide further information below:

Cashed in:	
Type of instrument:	Value:

Purchased:	
Type of instrument:	Value:

4. **GUARANTEED INVESTMENT CERTIFICATES, TERM DEPOSITS, AND SIMILAR INSTRUMENTS.** Have you purchased or sold any of the types of instruments listed above since your last disclosure? Yes No If “yes,” please provide further information below. If you wish, you may attach the most recent statement you have received from a financial advisor.

Cashed in:		
Description of Instrument:	Financial Institution:	Amount:

Purchased:		
Description of Instrument:	Financial Institution:	Amount:

5. **MUTUAL FUNDS.** This section deals solely with mutual funds held outside your RRSP. Are there any changes with respect to mutual funds previously disclosed by you? Yes No If “yes,” please provide information below. If you wish, you may attach your most recent statement from a financial advisor.

Sold:		
Name of Fund:	No. of Units (indicate “all” if all units have been sold)	Value:

Purchased:		
Name of Fund:	No. of Units	Value:

6. **REGISTERED RETIREMENT SAVINGS PLANS/RRIFs/LIRAs.** Have you made any changes with respect to the RRSPs/RRIFs/LIRAs held by you? Yes No If more convenient, you may attach a copy of your most recent statement.

Financial Institution changed	From (name of institution):	To (name of institution):
Funds added	Amount:	To account with which institution?
Funds withdrawn	Amount:	From account with which institution?
New account:	With what institution:	Description of holdings (i.e. GIC, list of mutual funds, etc.) and amount:

Changes in the holdings within the RRSP/RRIFs/LIRAs		
Account with what institution?	Describe new holdings (indicate type of holding and amount)	List any holdings sold (indicate type of holding and amount)

7. **PENSION RIGHTS.** Are there any changes with respect to pension rights previously disclosed by you (other than the number of years of service)? Yes No

Rights acquired in:	Rights relinquished from:

8. **INSURANCE POLICIES.** Have you made any changes with respect to insurance policies previously disclosed by you? Yes No

New policy with:		Amount:
Policy terminated with:		
Carrier changed:	From (name of carrier):	To (name of carrier):

9. **ANNUITIES.** Have you made any changes with respect to annuities held by you? Yes No

New annuity with:		Amount:
Policy terminated with:		
Issuer changed:	From (name of carrier):	To (name of carrier):

10. **SECURITIES AND OTHER INTERESTS IN PUBLIC CORPORATIONS.** Have you acquired or sold any securities since your last disclosure? Yes No If more convenient, you may attach your most current statement from a financial advisor.

Purchased		
Name of corporation	No. of shares purchased	Value:

Sold		
Name of corporation	No. of shares sold (indicate "all" if all were sold)	Value:

11. **PRIVATE BUSINESS INTERESTS.** (Note: this section does not include those private corporations you listed under paragraph 2 of Part I.) Have you acquired or sold an interest in a private corporation since your last disclosure? Yes No

Interest Acquired		
Name of corporation	Description of activities	Value:

Interest Sold	
Name of corporation	Value:

12. **HOUSEHOLD AND PERSONAL PROPERTY.** If you have acquired or sold any significant personal property since your last disclosure, please list that property.

Acquired:	
Describe item:	Value:

Sold	
Describe item:	Value:

13. **OTHER SIGNIFICANT ASSETS.** Please identify any other significant assets purchased or sold since your last disclosure.

Acquired:	
Describe asset:	Value:

Sold	
Describe asset:	Value:

STATEMENT OF LIABILITIES

1. **MORTGAGES.** Other than normal pay down, are there any changes with respect to mortgages since your last disclosure? Yes No

Mortgage has been paid in full: Yes No

Lender changed from (name of institution):	To (name of institution):

New mortgage obtained from:	Property Address:	In the amount of:

2. **LOANS/LINES OF CREDIT.** Other than normal pay down, are there any changes with respect to loans or lines of credit since your last disclosure? Yes No

Loans		
With (name of Institution) have been paid in full:		
Loan transferred from (name of institution):	To (name of institution):	Amount:
New loan with (name of institution):	Purpose:	Amount:

Existing Line of credit		
Current balance at \$0 : Yes <input type="checkbox"/> No <input type="checkbox"/>	Increased to:	Decreased to:
If not at \$0, current balance is:		

New line of credit		
Name of institution:	Purpose:	Amount:

3. **GUARANTEES.** Are there any changes with respect to guarantees given by you since your last disclosure? Yes No

New Guarantees			
Financial institution:	Party Guaranteed:	Purpose:	Amount

Guarantees Removed	
Financial institution	Party Guaranteed:

4. **UNPAID MUNICIPAL REALTY TAXES.** Other than for the current tax year, do you owe municipal realty taxes? Yes No

To which municipality/county, etc.?	Tax Year:	Amount:

5. **UNPAID INCOME TAX.** Other than for the current tax year, do you owe income tax? Yes No

Tax Year:	Amount:

6. **SUPPORT OBLIGATIONS.** Are there any changes with respect to support obligations, if any, previously disclosed by you? Yes No

Outline the nature of the change:

7. **OTHER SIGNIFICANT LIABILITIES.** (This section includes amounts owing on personal credit cards over \$1,000 for more than three months.) Do you have any other significant liabilities not previously disclosed? Yes No

New Liabilities		
Financial Institution or other entity:	Description (e.g. Visa, MasterCard, etc.)	Amount owing:

Liability removed	
Financial institution or other entity:	Description (e.g. Visa, MasterCard, etc.)

STATEMENT OF FINANCIAL INTERESTS

If you have acquired any new financial interests since your last disclosure, please provide a brief description of the nature of the interest and the amount of that interest.

If you no longer have a financial interest previously disclosed, please provide a brief explanation of that change.

FEES, GIFTS, AND OTHER BENEFITS

Section 7 of the Conflicts of Interest Act deals with disclosure of fees, gifts or other benefits received by you, your spouse or adult interdependent partner, or your minor children. If the fee, gift, or other benefit was accepted as an incident of protocol or as part of the social obligations of your office and the total value from any one source during the calendar year was more than \$400, you must seek the approval of the Ethics Commissioner to retain the fee, gift, or other benefit. If you have accepted any such item(s), please indicate that below and provide a brief explanation of the fee, gift, or benefit received.*

- No fees, gifts, or benefits have been received by me, my spouse or adult interdependent partner, or my minor children with a value over \$400 from any one source.

- A fee, gift, or other benefit has been received by me, my spouse or adult interdependent partner, or my minor children with a value over \$400 from any one source.

Description of fee, gift or benefit:	Received from:	Circumstances:	Estimated Value:

*** NOTE:**

You are not required to report a gift or other non-monetary benefit that is accepted by you or your spouse or adult interdependent partner or minor child from your political party or constituency association or from a charitable organization.

TRAVEL ON NON-COMMERCIAL AIRCRAFT

Have you travelled on non-commercial aircraft in your capacity as a Member of the Legislative Assembly or as a member of the Executive Council or as a holder of an office to which you were elected or appointed by the Legislative Assembly? For the purposes of this disclosure, “non-commercial aircraft” does not include non-commercial aircraft chartered by the Crown or private aircraft owned or leased by the Crown. Yes No If you have accepted such travel, please provide information below.

Date of Travel	Travel provided by	Purpose of the travel