

Form 5
Member's Statement of Gifts and Personal Benefits

Members' Conflict of Interest Act

Dear Member:

Complete and file this form immediately with the Commissioner appointed under the *Members' Conflict of Interest Act* if you or a member of your family have accepted a gift or personal benefit that is connected directly or indirectly with the performance of your duties of office, and if

- a) the value of the gift or benefit exceeds \$250, or
- b) the value of all of the gifts and benefits you received directly or indirectly from one source in any 12 month period exceeds \$250.

I have received gifts and or personal benefits as described above:

yes no

If yes, please complete this form.

I certify that the gifts and benefits declared in this form were received as a result of the responsibilities of my office.

.....
Name of member

.....
Signature of member

Date of filing:

A-1 Gifts and Benefits

A. If paragraph b) on the previous page applies, list all gifts and benefits accepted by you or a member of your family (*M=Member, S=Spouse, C=Child(ren)*):

<i>M</i>	<i>S</i>	<i>C</i> (✓)	<i>Nature of gift or benefit</i>	<i>Value of gift or benefit</i>
1.	[]	[]	[]
		
			<i>Name of donor</i>	<i>Date received</i>
		
		

<i>M</i>	<i>S</i>	<i>C</i> (✓)	<i>Nature of gift or benefit</i>	<i>Value of gift or benefit</i>
2.	[]	[]	[]
		
			<i>Name of donor</i>	<i>Date received</i>
		
		

<i>M</i>	<i>S</i>	<i>C</i> (✓)	<i>Nature of gift or benefit</i>	<i>Value of gift or benefit</i>
3.	[]	[]	[]
		
			<i>Name of donor</i>	<i>Date received</i>
		
		

Please attach separate sheet if needed

A-1 Continued

B. Describe briefly the circumstances under which each gift or benefit was given and accepted:

<i>Gift # (as identified in A-1)</i>	<i>Describe circumstances of gift or benefit</i>
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.....
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.....
.....

C. If a gift or benefit listed was received indirectly from a source other than the donors identified, what is the name of the source?

<i>Gift #</i>	<i>Name of source</i>
.....
.....
.....
.....

Please attach separate sheet if needed