

CONFIDENTIAL REPORT

**MADE UNDER THE AUTHORITY OF
*THE CONFLICT OF INTEREST AND POST-EMPLOYMENT CODE
FOR PUBLIC OFFICE HOLDERS***

Revised: April 2006

**THIS DOCUMENT IS AVAILABLE
ON OUR WEBSITE AT:
www.parl.gc.ca/oec-bce**

Office of the Ethics Commissioner
22nd Floor, 66 Slater Street
Ottawa, Ontario
K1A 0A6
(613) 995-0721

PROTECTED WHEN COMPLETED - PERSONAL INFORMATION

NAME: _____

TITLE: _____

Office:

Address: _____

Telephone: () _____

Fax: () _____

Constituency Office:

Address: _____

Telephone: () _____

Fax: () _____

Home:

Address: _____

Telephone: () _____

Fax: () _____

I am a Minister/Parliamentary Secretary and a Confidential Report will be filed for:

Spouse:

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
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 If yes, provide name: _____

Dependent child:

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
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 If yes, provide name(s): _____

Definitions

«**spouse**», in relation to a Minister or Parliamentary Secretary, includes a common-law partner, but does not include a person from whom the public office holder is separated where all the support obligations and family property have been dealt with by a separation agreement or by a court order (conjoint)

«**common-law partner**» means a person who is cohabitating with the public office holder in a conjugal relationship, having so cohabitated for a period of at least one year (conjoint de fait).

«**dependent child**», in relation to a Minister or Parliamentary Secretary, means a child of the public office holder, or a child of the public office holder's spouse or common-law partner, who has not reached the age of 18 years or who has reached that age but is primarily dependent on the public office holder or the public office holder's spouse or common-law partner for financial support (enfant à charge).

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1. Assets transferred or sold to other persons in last twelve months?

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
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If yes, specify below:

Assets	\$ Value	Name of person	Reasons

2. Sole or joint ownership of real property such as residence, cottage, vacant land, farm, etc.:

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
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If yes, specify below:

Description	Civic address	\$ Value	Your % ownership interest	Indicate use: e.g. recreational, personal, for sale, rented, etc.
a)				
b)				
c)				
d)				

3. The properties listed above are jointly held:

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
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If yes, specify below:

Description (repeat above)	Name of co-owners	Co-owner's relationship to you e.g. spouse, business associate, etc.	Describe co-owner's dealings with the federal government, if any
a)			
b)			
c)			
d)			

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4. Personal assets:

Household goods and personal effects:

Specify value: \$ _____

Works of art, antiques and collectibles:

No		Yes	
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If yes, specify value: \$ _____

Automobiles and other motorized vehicles:

No		Yes	
----	--	-----	--

If yes, specify value: \$ _____

Cash and deposits:

No		Yes	
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If yes, specify amount: \$ _____

5. Retirement Savings Plans registered in your name, whether administered by you directly or by a financial advisor:

No		Yes	
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If yes, provide most recent financial statements.

6. Retirement Savings Plans to which you contribute but registered in another person's name, whether administered by you directly or by a financial advisor:

No		Yes	
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If yes, provide most recent financial statements.

7. Registered Education Savings Plans and other similar savings plan:

No		Yes	
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If yes, provide most recent financial statements.

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8. Investments in: guaranteed investment certificates, term deposits, annuities, investments funds, mutual funds, pooled funds, segregated funds, public sector debt financing not guaranteed by a level of government, and securities issued or guaranteed by any level of government in Canada e.g. Canada Savings Bonds, Province of Ontario Bonds, Hydro Québec Bonds, etc.:

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
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If yes, specify below:

# of units	Description of assets	Name of issuing institution	\$ Value

9. Annuities, life insurance policies (including jointly held) and pension rights, other than under federal government plans, and from which you do not derive any benefit yet:

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
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If yes, specify below:

Description of assets	Name of issuing institution	Indicate whether term or whole life	\$ Value

10. Are you the beneficiary of a trust arrangement?

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
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If yes, provide most recent financial statements or specify below:

# of units/shares	Description of assets	Name of trustee / manager/firm	\$ Value

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11. **Income from: employment, offices and directorships, retirement and disability benefits, business, trust, investment interests, dividends, royalties, etc. ?**

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
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If yes, specify below:

\$ Amount (last 12 months)	\$ Amount (next 12 months)	Source

12. **Money owed to you?**

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
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If yes, specify below:

\$ Amount	Owed by: name of person / organization	Relationship to you	Reasons

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13. Ownership interest, shares, debentures, mortgages, promissory notes or other liens held directly or through a holding, subsidiary or affiliate in: sole proprietorships, partnerships, joint ventures, registered businesses and incorporated companies, businesses and commercial farms which **DO NOT CONTRACT WITH FEDERAL GOVERNMENT INSTITUTIONS, DO NOT OWN PUBLICLY TRADED SECURITIES AND, WHOSE STOCKS AND SHARES ARE NOT TRADED PUBLICLY ON ANY EXCHANGE:**

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
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If yes, specify below where applicable:

.	Name of business:
.	Address:
.	Legal Status e.g. registered, incorporated, etc.:
.	Nature of business activities:
.	Nature of your interest e.g. shares, debentures, etc.:
.	Name of subsidiaries:
.	Value and percentage of your interest:
.	Names of business associates/co-owners:
.	Associates'/co-owners' other business activities and business dealings, if any, with the federal government:
.	Names of managers:
.	Managers' other business activities and business dealings, if any, with the federal government:

N.B. Directorships and other official positions held by you are to be reported under Question 19.

.	Name of business:
.	Address:
.	Legal Status e.g. registered, incorporated, etc.:
.	Nature of business activities:
.	Nature of your interest e.g. shares, debentures, etc.:
.	Name of subsidiaries:
.	Value and percentage of your interest:
.	Names of business associates/co-owners:
.	Associates'/co-owners' other business activities and business dealings, if any, with the federal government:
.	Names of managers:
.	Managers' other business activities and business dealings, if any, with the federal government:

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14. Ownership interest, shares, debentures, mortgages, promissory notes or other liens held directly or through a holding, subsidiary or affiliate in: sole proprietorships, partnerships, joint ventures, registered businesses and incorporated companies, businesses and commercial farms WHICH CONTRACT WITH FEDERAL GOVERNMENT INSTITUTIONS, OR OWN PUBLICLY TRADED SECURITIES:

No		Yes	
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If yes, specify below where applicable:

. Name of business:

. Address:

. Legal Status e.g. registered, incorporated, etc.:

. Nature of business activities:

. Nature of your interest e.g. shares, debentures, etc.:

. Name of subsidiaries:

. Value and percentage of your interest:

. Names of business associates/co-owners

. Associates'/co-owners' other business activities and business dealings, if any, with the federal government:

. Names of managers:

. Managers' other business activities and business dealings, if any, with the federal government:

. Nature of dealings with federal government:

. Nature of contract with federal government:

. Completion date of contract:

. \$ Value of contract:

. Provide financial statements for publicly traded securities held by the business:

N.B. Directorships and other official positions held by you are to be reported under Question 19.

. Name of business:

. Address:

. Legal Status e.g. registered, incorporated, etc.:

. Nature of business activities:

. Nature of your interest e.g. shares, debentures, etc.:

. Name of subsidiaries:

. Value and percentage of your interest:

. Names of business associates

. Associates'/co-owners' other business activities and business dealings, if any, with the federal government:

. Names of managers:

. Managers' other business activities and business dealings, if any, with the federal government:

. Nature of dealings with federal government:

. Nature of contract with federal government:

. Completion date of contract:

. \$ Value of contract:

. Provide financial statements for publicly traded securities held by the business:

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15. Ownership of publicly traded securities, bonds, debentures, index participation units and other similar financial instruments of public corporations including insurance companies and banks:

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
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If yes, most recent financial statements are preferred or specify below:

Number and type of units/shares	Issuing company	Wholly or jointly owned	\$ Value

16. Options, warrants, commodities, futures and foreign currencies (speculative instruments):

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
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If yes, specify below:

Description of assets	Contract terms	Wholly or jointly owned	\$Amount invested

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17. Debts such as: mortgages, personal loans, student loans, guarantees, lines of credit, support obligations, tax arrears, credit cards with unpaid balances over \$4,000:

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
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If yes, specify below:

\$ Amount outstanding	Institution or person to whom money is owed	Description / reason for debt

18. Debts, mortgages, guarantees, tax arrears and other similar liabilities owed by your business interests:

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
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If yes, specify below:

\$ Amount outstanding	Institution or person to whom money is owed	Description / reason for debt

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19. Past (2 years) and current employment and involvement in: professional, business, financial, commercial, consulting, union, charitable, philanthropic, non-commercial organizations, and any other type of organizations or associations:

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
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If yes, specify below:

Position held e.g. employee, member, director	Name of organization and nature of activities	Indicate whether current/past

20. Do any of the above organizations have contractual dealings with the federal government or make representations to its institutions in an attempt to influence the development or amendment of legislative proposals, Bills, regulations, policies, programs or to seek any grants, contributions or other financial benefits?

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
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If yes, specify below:

Name of organization	Purpose of dealings	Government institution to which representations are made

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21. Do any members of your immediate family (spouse, parents, children or siblings) have contractual dealings with the federal government or make representations to its institutions in an attempt to influence the development or amendment of legislative proposals, Bills, regulations, policies, programs or to seek any grants, contributions or other financial benefits?

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
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If yes, specify below:

Name of person and relationship to you	Purpose of dealings	Government institution to which representations are made

22. Sole or jointly held trusteeships, executorships, powers of attorney:

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
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If yes, specify below:

Describe your responsibilities and provide name of others when jointly held	Name of person(s) you represent and relationship to you	Indicate whether active/inactive	If active, provide description and \$ value of assets

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Please take note:

23. Gifts, Hospitality or Other Benefits:

There is no requirement to report to the Ethics Commissioner the receipt of any gift, hospitality or benefit of a value of \$200 or less received from any one source in a 12 (twelve) month period, but all gifts, hospitality and benefits that could influence public office holders in the discharge of their official duties and responsibilities must be declined.

Gifts, hospitality and benefits greater than \$200 are generally acceptable if they arose out of activities associated with the discharge of a public office holder's official duties and responsibilities and must be reported to the Ethics Commissioner for the purposes of making a public declaration.

Where there is doubt as to the acceptability of any gifts, hospitality and benefits, the Ethics Commissioner must be consulted.

The information below is to be provided within 30 days of receipt, when having to report gifts, hospitality or other benefits:

Description	Date of receipt	Name of donor and title	Event/occasion/circumstances

Please take note:

24. Changes to Your Personal Situation:

*A public office holder must inform the Ethics Commissioner of any material change to his or her assets, investments, debts, and outside activities, **within 30 days of the change** taking place, and in the case of a Minister or Parliamentary Secretary, of any material changes in the assets, investments, debts and outside activities of his or her spouse and dependent children, except for exempt assets.*

25. The above Confidential Report has been completed to the best of my knowledge, information and belief.

DATE: _____

SIGNATURE: _____

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