

PRIVILEGED

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

May 2026

*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	
Name:	
Home Address:	
Mailing Address: <i>(if different from Home Address)</i>	
Contact Numbers:	Home:
	Cell:
	Office:
	Fax:
Email Address:	
I would prefer to be contacted at:	
<input type="checkbox"/> Confederation Building Office <input type="checkbox"/> Constituency Office <input type="checkbox"/> Home	
MEMBER/MINISTER'S FAMILY	
This form is also completed for my:	
<input type="checkbox"/> Spouse	Name:
	Address:
<input type="checkbox"/> Common-law Partner	Name:
	Address:
<input type="checkbox"/> Dependent Children	Child's Name:
	Child's Date of Birth: (yyyy/mm/dd)
<input type="checkbox"/> Dependent Relatives	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)

(As per page 1 of the Instructions for Completion Guide, please include properties owned by Member, Spouse, Child, Dependent Relative, Joint, Other)

Yes No

If yes, please identify below:

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

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

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

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

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

Additional sheets may be attached if necessary.

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

Civic Address:	
Value: (\$)	\$ _____
Ownership:	<input type="checkbox"/> Sole <input type="checkbox"/> Joint
Name of co-owner(s) and relationship: <i>(spouse, child, friend, business associate, etc.)</i>	
Your share: (%)	_____ %
Purpose of Farm:	<input type="checkbox"/> hobby farm <input type="checkbox"/> commercial farm <input type="checkbox"/> leased farm
Details of Operation: <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

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

Additional sheets may be attached if necessary.

SECTION 3 – FINANCIAL INSTRUMENTS/DEPOSITS/HOLDINGS

CASH DEPOSITS - (chequing, savings, etc.)

(As per page 1 of the Instructions for Completion Guide, please include deposits owned by Member, Spouse, Child, Dependent Relative, Joint, Other)

Cash Deposit #1

Name of Institution: _____

Type of Deposit: _____ Ownership: _____

Approximate Balance: _____

Cash Deposit #2

Name of Institution: _____

Type of Deposit: _____ Ownership: _____

Approximate Balance: _____

Cash Deposit #3

Name of Institution: _____

Type of Deposit: _____ Ownership: _____

Approximate Balance: _____

Cash Deposit #4

Name of Institution: _____

Type of Deposit: _____ Ownership: _____

Approximate Balance: _____

Additional sheets may be attached if necessary.

SECTION 3 – FINANCIAL INSTRUMENTS/DEPOSITS/HOLDINGS

(continued)

GUARANTEED INVESTMENT CERTIFICATES/TERM DEPOSITS – **RECENT STATEMENTS REQUIRED**

(As per page 1 of the Instructions for Completion Guide, please include investments owned by Member, Spouse, Child, Dependent Relative, Joint, Other)

GIC/Deposit #1

Name of Issuer: _____

Type of Deposit: _____ Ownership: _____

Approximate Value: _____

GIC/Deposit #2

Name of Issuer: _____

Type of Deposit: _____ Ownership: _____

Approximate Value: _____

FIXED VALUE SECURITIES OF GOVERNMENTS/CROWN AGENCIES - (As per page 1 of the Instructions for Completion Guide, please include investments owned by Member, Spouse, Child, Dependent Relative, Joint, Other)

FVSecurity #1

Name of Issuer: _____

Type of Security: _____ Ownership: _____

Approximate Value: _____

FVSecurity #2

Name of Issuer: _____

Type of Security: _____ Ownership: _____

Approximate Value: _____

Additional sheets may be attached if necessary.

SECTION 3 – FINANCIAL INSTRUMENTS/DEPOSITS/HOLDINGS

(continued)

REGISTERED & NON-REGISTERED SAVINGS PLANS - **RECENT STATEMENTS OF ACCOUNTS REQUIRED**

Do you have investments in any of the following? (As per page 1 of the Instructions for Completion Guide, please include investments owned by Member, Spouse, Child, Dependent Relative, Joint, Other)

Registered Investment Type

Recent Statements of Accounts Required

If yes, are the investments self-directed?

Registered Retirement Savings Plans (RRSPs)

Yes No

Yes No

Ownership _____

Registered Education Savings Plans (RESPs)

Yes No

Yes No

Ownership _____

Registered Retirement Income Funds (RRIFs)

Yes No

Yes No

Ownership _____

Locked-In Retirement Accounts (LIRAs)

Yes No

Yes No

Ownership _____

Registered Investments (RIs)

Yes No

Yes No

Ownership _____

Deferred Profit Sharing Plans (DPSPs)

Yes No

Yes No

Ownership _____

Tax Free Savings Accounts (TFSA's)

Yes No

Yes No

Ownership _____

Registered Disability Savings Plans (RDSPs)

Yes No

Yes No

Ownership _____

SECTION 3 – FINANCIAL INSTRUMENTS/DEPOSITS/HOLDINGS

(continued)

REGISTERED & NON-REGISTERED SAVINGS PLANS - **RECENT STATEMENTS OF ACCOUNTS REQUIRED**

Do you have investments in any of the following? (As per page 1 of the Instructions for Completion Guide, please include investments owned by Member, Spouse, Child, Dependent Relative, Joint, Other)

Additional Investments

Recent Statements of Accounts Required

If yes, are the investments self-directed?

Mutual Funds

Yes No

Yes No

Ownership _____

Stocks

Yes No

Yes No

Ownership _____

Corporate Bonds

Yes No

Yes No

Ownership _____

Trust Units

Yes No

Yes No

Ownership _____

Stock options, warrants, rights & similar instruments

Yes No

Yes No

Ownership _____

Stock market indices

Yes No

Yes No

Ownership _____

Closed-end mutual funds

Yes No

Yes No

Ownership _____

Commodities, futures and foreign currencies held or traded for speculative purposes

Yes No

Yes No

Ownership _____

SECTION 3 – FINANCIAL INSTRUMENTS/DEPOSITS/HOLDINGS

(continued)

Cryptocurrency Digital Assets – (Digital money that doesn't require a bank or financial institution to verify transactions and can be used for purchases or as an investment. Transactions are then verified and recorded on a blockchain, an unchangeable ledger that tracks and records assets and trades.)

(As per page 1 of the Instructions for Completion Guide, please include investments owned by Member, Spouse, Child, Dependent Relative, Joint, Other)

RECENT STATEMENTS OF ACCOUNTS REQUIRED

Cryptocurrency #1

Type/Name of Cryptocurrency: _____

Ownership: _____

Approximate Value: _____

Cryptocurrency #2

Type/Name of Cryptocurrency: _____

Ownership: _____

Approximate Value: _____

Cryptocurrency #3

Type/Name of Cryptocurrency: _____

Ownership: _____

Approximate Value: _____

Cryptocurrency #4

Type/Name of Cryptocurrency: _____

Ownership: _____

Approximate Value: _____

Additional sheets may be attached if necessary.

SECTION 4 – PENSION RIGHTS/ANNUITIES - (As per page 1 of the Instructions for Completion Guide, please include ownership by Member, Spouse, Child, Dependent Relative, Joint, Other)

Pension/Insurance Right #1

Name of Plan/Insurance: _____

Ownership: _____

Approximate Payout: _____

Pension/Insurance Right #2

Name of Plan/Insurance: _____

Ownership: _____

Approximate Payout: _____

Pension/Insurance Right #3

Name of Plan/Insurance: _____

Ownership: _____

Approximate Payout: _____

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

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

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

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

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

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

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: _____

Line of Credit #3

Financial Institution: _____

Responsibility: _____

Amount: _____

Other Information: _____

SECTION 9 – FINANCIAL OBLIGATIONS

(continued)

CREDIT CARDS

(with outstanding balances)

Credit Card #1

Financial Institution: _____

Responsibility: _____

Amount: _____

Credit Card #2

Financial Institution: _____

Responsibility: _____

Amount: _____

Credit Card #3

Financial Institution: _____

Responsibility: _____

Amount: _____

Credit Card #4

Financial Institution: _____

Responsibility: _____

Amount: _____

SECTION 9 – FINANCIAL OBLIGATIONS

(continued)

CREDIT CARDS

(with outstanding balances)

Credit Card #5

Financial Institution: _____

Responsibility: _____

Amount: _____

Credit Card #6

Financial Institution: _____

Responsibility: _____

Amount: _____

LOAN GUARANTEES

Lender #1: _____

Person Guaranteed: _____

Amount: _____

Lender #2: _____

Person Guaranteed: _____

Amount: _____

Lender #3: _____

Person Guaranteed: _____

Amount: _____

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 12 – 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:

