



## PUBLIC STATEMENT OF GIFTS OR OTHER BENEFITS

**By completing this form, you are satisfying the requirements of subsection 14(3) of the *Conflict of Interest Code for Members of the House of Commons*. Should you require any assistance in filling out this form, please contact the Office of the Conflict of Interest and Ethics Commissioner at (613) 995-0721.**

- 14 (1) Neither a Member nor any member of a Member's family shall accept, directly or indirectly, any gift or other benefit, except compensation authorized by law, that might reasonably be seen to have been given to influence the Member in the exercise of a duty or function of his or her office.
- (1.1) For greater certainty, subsection (1) applies to gifts or other benefits:
- a) related to attendance at a charitable or political event; and
  - b) received from an all-party caucus established in relation to a particular subject or interest.
- (2) Despite subsection (1), a Member or a member of a Member's family may accept gifts or other benefits received as a normal expression of courtesy or protocol, or within the customary standards of hospitality that normally accompany the Member's position.
- (3) If gifts or other benefits that are related to the Member's position are accepted under this section and have a value of \$500 or more, or if the total value of all such gifts or benefits received from one source in a 12-month period is \$500 or more, the Member shall, within 60 days after receiving the gifts or other benefits, or after that total value is exceeded, file with the Commissioner a statement disclosing the nature of the gifts or other benefits, their source and the circumstances under which they were given.
- (4) Any disclosure made pursuant to the requirements of section 15 does not need to be disclosed as a gift or other benefit under subsection (3).

**Source:** *Conflict of Interest Code for Members of the House of Commons*

Pursuant to **section 14** of the *Conflict of Interest Code for Members of the House of Commons*, I disclose having received the following gifts or other benefits:

**Nature of gifts or benefits received:**

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**Source:**

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**Circumstances under which received:**

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This declaration is made with the knowledge that a certified copy will be placed in the Public Registry maintained by the Office of the Conflict of Interest and Ethics Commissioner.

DATE	NOM	SIGNATURE
YYYY / MM / DD	(Please print clearly)	