

FORM 3 - MEMBER
[Subsection 5(3)]

SASKATCHEWAN MEMBER'S GIFT OR PERSONAL BENEFIT DISCLOSURE STATEMENT

MEMBER		
Last Name	First Name	Constituency

Section 7 of The Members' Conflict of Interest Act states that:

- **7** (1) Neither a member nor any of the member's family shall accept a fee, gift or personal benefit, except compensation authorized by law, that is connected directly or indirectly with the performance of the member's duties of office.
 - (2) Subsection (1) does not apply to a gift or personal benefit that is received as an incident of the protocol or social obligations that normally accompany the responsibilities of office.
 - (3) Where a gift or personal benefit mentioned in subsection (2) is greater than \$200 in value, or where the total value received directly or indirectly from one source in any 12-month period is greater than \$200, the member shall immediately file with the commissioner a disclosure statement.
 - (4) The disclosure statement required pursuant to subsection (3) shall:
 - (a) be in the form prescribed by the regulations; and
 - (b) indicate the nature of the gift or benefit, its source and the circumstances under which it was given and accepted.
 - (5) For the purposes of this section, "gift or personal benefit" includes:
 - (a) an amount of money, if there is no obligation to repay it;
 - (b) a service, hospitality or property, including the use of property, that is provided without charge or for a charge that is less than its commercial value; and
 - (c) any other gift or personal benefit prescribed in the regulations.

(Please complete the attached form)

CONFIDENTIAL

FORM 3 - MEMBER [Subsection 5(3)]

M-11.11 REG 1 Members' Conflict Of Interest

1. Single fee, gift or benefit received and valued in excess of \$200.

DONOR		
Name		
Address		
ADDRESS		
CITY	PROVINCE	POSTAL CODE
Nature of Fee, Gift or Benefit		
Date of receipt		Value
Date of receipt		value
Describe the circumstances under which the fee, gift or other benefit was	received.	
If the fee, gift or benefit was received indirectly from a source other t	han the donor listed above, what is the name	e and address of the source?
Name		
Address		
ADDRESS		
CITY	PROVINCE	POSTAL CODE

2. Fees, gifts and other benefits received from one source in 12-month period exceeding \$200 in total:

DONOR				
Name				
Address				
ADDRESS				
CITY	PROVINCE	POSTAL CODE		
Nature of Fee, Gift or Benefit				
FEE, GIFT OR BENEFIT				
DATE OF RECEIPT		VALUE		
FEE, GIFT OR BENEFIT				
DATE OF RECEIPT		VALUE		
FEE, GIFT OR BENEFIT				
DATE OF RECEIPT		VALUE		
FEE, GIFT OR BENEFIT				
DATE OF RECEIPT		VALUE		
FEE, GIFT OR BENEFIT				
DATE OF RECEIPT		VALUE		
		TOTAL VALUE		
Describe the circumstances under which the fees gifts or benefits were re	ceived.			
If the fees, gifts or benefits were received indirectly from a source othe Name		ne and address of the source?		
Address				
ADDRESS				
CITY	PROVINCE	POSTAL CODE		