

Form A: Disclosure Statement on Behalf of Member

Province of Nova Scotia

Conflict of Interest Act

1) Statement Information

This disclosure statement is filed on behalf of: SUSAN LEBLANC

(type or print name of member in full), a member of the House of Assembly/Executive Council.

This statement is an (check one):

☒ initial statement (to be filed within 30 days of becoming a member)

☒ annual statement (to be filed on or before June 30 each year)

☐ amended statement (to be filed within 90 days of acquisition or disposition of asset or liability)

2) Information about Member

a. Electoral district you represent: DARTMOUTH NORTH

b. List of any appointments held by you under [the] Executive Council Act: _____

c. Your office address:

192 WYSE RD #1A, DARTMOUTH, NS
B3A1M8

(street)

(municipality)

(postal code)

d. Your permanent residence civic address:

[REDACTED]

(municipality)

(postal code)

e. Your telephone numbers

• constituency office: 902-463-6670

• caucus office: 902-423-9217

• ministerial office: NA

• permanent residence: [REDACTED]

f. Name of your spouse:

Note: "spouse" is defined as a person who is married to, the domestic partner of or living in a conjugal relationship with a member and includes a person of the same sex as a member, but does not include a person who is separated and living apart from a member".

g. Names of your dependent children:

Note: "dependent child" is defined as a person who is under the age of majority, although over the age of majority, unable, by reason of mental or physical disability, to draw from the charge of the person's parents or provide him or her with financial support.

3) Exclusions

You are not required to disclose any of the following in this disclosure statement (subsection 11(3) of the Conflict of Interest Act):

- assets and financial interests having a value of less than \$10,000
- a debt you owe to your spouse, a dependent child or a member of your immediate family
- a debt owed to you by your spouse, a dependent child or a member of your immediate family

4) Disclosures

For an amended statement, list only changes since last disclosure statement and indicate whether they are acquisitions or disposals. Attach a schedule if there is not enough space on [the] form.

You must disclose all of the following information (subsection 11(2) of the *Conflict of Interest Act*):

- a. the name of every individual or organization that in any manner whatsoever remunerates or contributes to you, including any reimbursement for expenses made to you:

Instructions: Indicate capacity in which remuneration is received and include address of each individual or organization named. Do not indicate amount of remuneration or contributions. Do not list payments included in item j.)

Individual or organization	Civic address	Capacity in which received
PROVINCE OF NS	1 GOVERNMENT PLACE	MLA REMUNERATION

- b. the issuer or name of any bonds, debentures, holdings in investment funds, mutual funds, investment trusts or similar securities you have:

Instructions: Do not include:

- *Canada Savings Bonds or other investments or securities of fixed value issued or guaranteed by any level of government in Canada or an agency of a government in Canada;*
- *registered retirement savings plans that are not self-directed;*
- *open-ended mutual funds;*
- *guaranteed investment certificates or any similar financial instruments;*
- *annuities and life insurance policies;*
- *pension rights.*

Do not indicate the amount or value.

Name/issuer of bond, debenture etc.

- c. the nature and location of any interest you have in or with respect to real property, whether situate within or outside the Province:

Instructions: Do not include any interest of yours in or with respect to real property that is used by you, your spouse or your dependent children for residential or recreational purposes. Do not list an interest in real property of a corporation of which you are a shareholder.

Location of property	Nature of interest

- d. unless excluded in item b, the name of every corporation, or subsidiary of a corporation, in which you hold a beneficial interest, a share warrant or purchase option:

Instructions: Do not indicate the amount or value.

Name of corporation

- e. the nature of any interest of yours in property of a kind required to be disclosed in item b, c or d, and over which you, your spouse or your dependent children have a general power of appointment or an expectancy under a trust:

Nature of interest in disclosed property

- f. any trust established for you, and the names of the trustees and the contributors to the trust:

Name of trust	Contributors to trust	Trustees	Address for trustees

- g. the name of every individual or organization to which you are financially indebted:

Instructions: Do not include a debt that

- is a current and ordinary household and personal living expense of yours or your spouse or your dependent children;*
- is in respect of an automobile, a boat used for recreational purposes, or recreational vehicles of yours or your spouse or your dependent children;*

- is money or other property entrusted to or received by you in trust for a person other than you or your spouse or your dependent children;
- is in respect of an interest of yours that is not required to be disclosed in item b or c;
- is less than \$10,000.

Do not indicate the amount or other details about the debt.

Individual or organization	Address

- h. the name of every individual or organization that is financially indebted to you in an amount greater than \$10,000:

Instructions: Do not indicate amount or other details respecting debt.

Individual or organization	Address

- i. the name of every individual or organization to which you transferred a disclosed asset or with whom you settled a disclosed liability:

Instructions: List only transfers or settlements since you became a member or since your last disclosure statement was filed.

Note: A disclosed asset or liability is an asset or liability required to be disclosed whether or not previously included in a disclosure statement.

Individual or organization	Address	Asset or liability

- j. all payments received by you from a recognized party or an electoral district association:

Instructions: List only payments received since becoming a member or since last disclosure statement filed.

Please see attached.

Payment source (recognized party or electoral district assn.)	Amount	Date
XXXXXX		

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k. any gifts with a value greater than \$250.00 received by you


Instructions: Do not include gifts from your spouse, dependent children or members of your immediate family or your spouse's immediate family. List only gifts received since becoming a member or since last disclosure statement filed.

Gift	Received from	Value

5) Oath or affirmation

I swear that information contained in this statement is, to the best of my knowledge, information and belief, a full and true disclosure of my interest as of DECEMBER 31, 2024, as required by the *Conflict of Interest Act*.

Sworn to at Halifax
in the County of Halifax this 7th
day of January 2024, before me


(signature of commissioner, judge, barrister,
commissioner of oaths, notary public – **other**
than a member of the House of Assembly or the
Executive Council)

Chief Clerk
being a barrister of the
Nova Scotia Supreme Court


(signature of Member of the Legislative Assembly)

For Use of Conflict of Interest Commissioner Only

Filed on Jan 7, 2024 5:01


(Signature of Conflict of Interest Commissioner)

Hon. Joseph P. Kennedy
Conflict of Interest Commissioner
Nova Scotia

J. ALL PAYMENTS MADE TO YOU FROM A RECOGNIZED PARTY OR AN ELECTORAL DISTRICT ASSOCIATION				
PAYMENT SOURCE	AMOUNT	DATE	NOTE	
NSNDP	1363.53	Dec 31, 24	election expense reimbursement	
NSNDP	1363.54	Jan 1, 25	election expense reimbursement	
NSNDP	185.14	Jan 2, 25	election expense reimbursement	
NSNDP	185.14	Jan 3, 25	election expense reimbursement	
Dartmouth North NDP Association	257.45	March 2024	reimbursement	
Dartmouth North NDP Association	168.71	August 2024	reimbursement	
Dartmouth North NDP Association	73.07	Nov 2024	reimbursement	
Dartmouth North NDP Association	209.85	Jan 6, 2025	reimbursement	

Hon. Joseph P. Kennedy
Conflict of Interest Commissioner
Nova Scotia
(MAD/p5)