Form A: Disclosure Statement on Behalf of Member

Province of Nova Scotia

Conflict of Interest Act

1)	S	tat	em	ent	Info	rma	tion
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This disclosure statement is filed on behalf of: <u>PAUL WOZNEY</u> (type or print name of member in full), a member of the House of Assembly/Executive Council.

statement i		

- [X] 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: Sackville Cobequid
- b. List of any appointments held by you under [the] Executive Council Act: N/A
- c. Your office address:

104-445 Sackville Drive

Lower Sackville

B4C 2S1

(street)

(municipality)

(postal code)

d. Your permanent residence civic address:

- e. Your telephone numbers
- constituency office:

902-864-6271

caucus office:

902-424-4134

ministerial office:

n/a

• permanent residence:

f. Name of your spouse:

g. Names of your dependent childr

3) Exclusions

You are not required to disclose any of the following in this disclosure statement (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
Central Region Ringette League	Halifax, NS	Employer (I am a referee)
Ringette Nova Scotia	Halifax, NS	Employer (I am a referee)
	<u> </u>	

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, o	ebenture 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 in	ndicate the amount or valu	e.				
	Name of corporation						
e.				d to be disclosed in item b, c or d, and over eral power of appointment or an expectancy			
Water Control	Nature of interest in o	disclosed property					
				The second secon			
-		·					
f.	any trust established	for you and the names of	tho trustees				
١٠	any trust established	Tor you, and the names of	the trustees and	I the contributors to the trust:			
	Name of trust	Contributors to trust	Trustees	Address for trustees			
g.	the name of every ind	lividual or organization to v	which you are fin	ancially indebted:			
	Instructions: Do not i	nclude a debt that					
	 is a current and dependent childr 		personal living	expense of yours or your spouse or your			
	• 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 de	ependent children;					
	 is in respect of ar 	n interest of yours that is no	ot required to be	disclosed in item b or c:			

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

• is less than \$10,000.

Individual or organization	Address

h.	the name of every individual or or \$10,000:	rganization that	is financially inde	ebted to you in an a	mount greater than
	Instructions: Do not indicate amou	unt or other deta	nils respecting del	bt.	
Section States	Individual or organization			Address	
L					
i.	the name of every individual or or settled a disclosed liability:	rganization to w	hich you transfer	red a disclosed asse	t or with whom you
	Instructions: List only transfers o statement was filed.	r settlements si	nce you became	a member or since	your last disclosure
	Note: A disclosed asset or liability included in a disclosure statemer		iability required to	o be disclosed wheth	ner or not previously
	Individual or organization	Ad	dress	Asset o	r liability
		· · ·			
j.	all payments received by you from	n a recognized p	earty or an elector	al district associatio	n:
	Instructions: List only payments r	eceived since be	ecoming a membe	er or since last disclo	sure statement filed.
	Payment source (recognized pa	arty or electora	l district assn.)	Amount	Date
	1				
k.	any gifts with a value greater thar	n \$250.00 receiv	ed by you		
	Instructions: Do not include gift family or your spouse's immedia disclosure statement filed.	-	•		•
	Gift		Receiv	ed from	Value

"	Oath or affirmation
	I swear that information contained in this statement is, to the best of my knowledge, information and belief,
	full and true disclosure of my interest as of January 13, 2025, as required by the Conflict of Interest Act.

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

(signature of Member of the Legislative Assembly)

For Use of Conflict of Interest Commissioner Only

Filed on Jan 24 , 2024

(Signature of Conflict of Interest Commissioner)

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