Form A: Disclosure Statement on Behalf of Member

Province of Nova Scotia
Conflict of Interest Act

(type or print name of member in full).	ehalf of: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	lound
	a member of the House of Assembly	y/Executive Council.
[] annual statement (to be filed on	in 30 days of becoming a member) or before June 30 each year) within 90 days of acquisition or dispo	osition of asset or liability)
2) Information about Member a. Electoral district you represent: b. List of any appointments held by you	Shelburne ou under [the] Executive Council Act	
164 Indiates Ct	CI. Ob. and	BOTIWO
(street)	(municipality)	(postal code)
d. Your permanent residence civic a		(postar code)
		CONTRACTOR OF THE PROPERTY OF
 constituency office: 902 caucus office: ministerial office: 	875 -6362	Hamilton and the state of the s
 constituency office: 902 caucus office: 902 ministerial office: 902 permanent residence: 903 	875 -6362	
 e. Your telephone numbers constituency office: 902 caucus office: ministerial office: permanent residence: f. Name of your spouse: Note: "spouse" is deconjugal relationship with a mer 	1875 6362	, the domestic partner of or living in a same sex as a member, but does not

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
PIN		

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.

me/issuer of bond, d	benture etc.	Pit.
N/X		

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.

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

Individual or organization	Address
N/A	

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
A / A	
10 / 13	

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
N/4		
		et e

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.

Payment source (recognized party or electoral district assn.)	Amount	Date
N/A		

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

Location of property	Nature of interest
NIA	
	71 4 4

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.

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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:

ire of interest in discl	osed property			
			<u>.</u>	
NA				

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
	*		
N/X			
Specifical and the	in the transfer of		

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.

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
NA		
(0 / /)		

N / / / N		
Oath or affirmation		
I swear that information contained in this stater	ment is, to the best of my knowledge.	information and helief
full and true disclosure of my interest as of _	January 2026 as rec	mired by the Conflict
Interest Act.	, 2026 40 100	quirou by the connect t
	- (
Sworn to at Halifax		
in the County of Halifax this 15		
day of		
day of <u>January</u> 2025 before me	_	
	000	
Jana Nas-50		
(signature of commissioner, judge, barrister,	(signature of Member of the L	.egislative Assembly)
commissioner of oaths, notary public – other		
than a member of the House of Assembly or the	e	
Executive Council)		
7		
	_	
For Use of Conflict of	of Interest Commissioner Only	
•	. (
T. II S		
iled on Jan 16 , 2024 44		
	(Signature of Conflict of In	terest Commissioner)
	Conflict of Interes Nova Scotia	st Commissioner
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