



SCHEDULE 'A'

Councillor Mike Duffy  
Ward 3

FORM MGA-MG-2  
COUNCIL MEMBER DISCLOSURE STATEMENT

CITY OF CHARLOTTETOWN  
COUNCIL MEMBER DISCLOSURE STATEMENT 1

Name of Council Member: MIKE DUFFY

Address: [REDACTED]

CHARLOTTETOWN P.E.I. [REDACTED]

Note: This form must be completed by each council member within 30 days of being elected and filed with the Chief Administrative Officer in accordance with clause 107(2)(d) of the Municipal Government Act. If applicable, each Council member shall complete a separate disclosure statement for his/her spouse and certify that the information is accurate and complete.

The Administrator will make amendments to this disclosure in accordance with subsequent declarations filed by the member and will note the date on which this statement is amended.

Member: Disclosure of Source of Income

Pursuant to clause 107(2)(d) of the Act, I hereby disclose the name of every employer, person, corporation, organization, association, or other body from which I receive remuneration for services performed as an employee, director, manager, operator, contractor, or agent:

Name(s) of Payer	Nature of Relationship
FEDERAL GOVERNMENT OF CANADA	OAS & CPP RECIPIENT
PUBLIC SERVICE PENSION	SUPERANNUATE
CITY OF CHARLOTTETOWN	COUNCILLOR

**Member: Disclosure of Property Holdings**

Pursuant to clause 107(2)(d) of the Act, I hereby disclose the municipal address or legal description of any property located in the municipality or an adjoining municipality that is owned by:

- a) me and/or my spouse; or
- b) a corporation, incorporated or continued pursuant to *The Business Corporations Act* or the *Canada Corporations Act*, of which I am a director or senior officer or in which I or have a controlling interest:

Owner(s)	Municipal Address or Legal Description	Municipality
MIKE & PHYLLIS DUFFY	[REDACTED]	HOPE RIVER
MIKE & PHYLLIS DUFFY	[REDACTED] CHARLOTTETOWN P.E.I.	CHARLOTTETOWN

**Member: Disclosure of Liabilities to Municipality**

Pursuant to clause 107(2)(d) of the Act, I hereby disclose any and all liabilities that are considered to be a debt or debts owing to the municipality:

Debt(s) Owing to the Municipality
NIL

**Member: Disclosure of Corporate Interests**

Pursuant to clause 107(2)(d) of the Act, I hereby disclose the name of each corporation in which I have a controlling interest, or of which I am a director or a senior officer:

Name(s) of Corporation	Nature of Interest or Position
NIL	

**Member Disclosure of Partnerships**

Pursuant to clause 107(2)(d) of the *Act*, I hereby disclose the name of each partnership or firm of which I am a member:

Name(s) of Partnership or Firm(s)
NIL

**Member Disclosure of Business Arrangements:**

Pursuant to clause 107(2)(d) of the *Act*, I hereby disclose the name of any corporation, enterprise, firm, partnership, organization, association, or body that I direct, manage, operate or am otherwise involved in that:

- a) transacts business with the municipality;
- b) the Council considers appropriate or necessary to disclose; or
- c) is required by the Act:

Name of Corporation, Enterprise, Firm, Partnership, Organization, Association, or Body
NIL

**Member: Disclosure of Contracts and Agreements:**

Pursuant to clause 107(2)(d) of the *Act*, I hereby disclose the general nature and any material details of any contract or agreement involving me that could reasonably be perceived to be affected by a decision, recommendation or action of the Council and to affect my impartiality in the exercise of my office:

General Nature and Any Material Details of Any Contract or Agreement
NIL

MGA-MG-1A

CITY OF CHARLOTTETOWN  
COUNCIL MEMBER DISCLOSURE STATEMENT FOR SPOUSE (IF APPLICABLE)

**Note:** If applicable, each Council member must complete this form on behalf of his/her spouse.

Name of Spouse:

PHYLLIS M. DUFFY

Address:

[REDACTED ADDRESS]

CHARLOTTETOWN, P.E.I.

(If different from address noted on Form MGA-MG-1)

**Note:** If applicable, this form must be completed by each council member within 30 days of being elected and filed with the Chief Administrative Officer in accordance with clause 107(2)(d) of the Municipal Government Act. If applicable, each Council member shall complete this supplementary disclosure statement on behalf of his/her spouse and declare that the information is accurate and complete.

The Administrator will make amendments to this disclosure in accordance with subsequent declarations filed by the member in relation to his or her spouse and will note the date on which this statement is amended.

**Spouse: Disclosure of Source of Income**

Pursuant to clause 107(2)(d) of the Act, I hereby disclose the name of every employer, person, corporation, organization, association, or other body from which my spouse receives remuneration for services performed as an employee, director, manager, operator, contractor, or agent:

Name(s) of Payer	Nature of Relationship
PROVINCIAL GOVERNMENT OF P.E.I.	SUPERANNUATE
FEDERAL GOVERNMENT	CAS & CPP RECIPIENT

**Spouse: Disclosure of Property Holdings**

Pursuant to clause 107(2)(d) of the Act, I hereby disclose the municipal address or legal description of any property located in the municipality or an adjoining municipality that is owned by:

- a) my spouse and/or me; or
- b) a corporation, incorporated or continued pursuant to *The Business Corporations Act* or the *Canada Corporations Act*, of which my spouse is a director or senior officer or in which my spouse has a controlling interest:

Owner(s)	Municipal Address or Legal Description	Municipality
MIKE & PHYLLIS DUFFY	[REDACTED]	HOPE RIVER
MIKE & PHYLLIS DUFFY	[REDACTED] CHARLOTTETOWN, P.E.I.	CHARLOTTETOWN

**Spouse: Disclosure of Liabilities to Municipality**

Pursuant to clause 107(2)(d) of the Act, I hereby disclose any and all liabilities that are considered to be a debt or debts owed by my spouse to the municipality:

Debt(s) Owing to the Municipality
NIL

**Spouse: Disclosure of Corporate Interests**

Pursuant to clause 107(2)(d) of the Act, I hereby disclose the name of each corporation in which my spouse has a controlling interest, or of which my spouse is a director or a senior officer:

Name(s) of Corporation	Nature of Interest or Position
NIL	

**Spouse: Disclosure of Partnerships**

Pursuant to clause 107(2)(d) of the *Act*, I hereby disclose the name of each partnership or firm of which my spouse is a member:

Name(s) of Partnership or Firm(s)
NIL

**Spouse: Disclosure of Business Arrangements:**

Pursuant to clause 107(2)(d) of the *Act*, I hereby disclose the name of any corporation, enterprise, firm, partnership, organization, association, or body that my spouse directs, manages, operates or is otherwise involved in that:

- (a) transacts business with the municipality;
- (b) the Council considers appropriate or necessary to disclose; or
- (c) is required by the Act:

Name of Corporation, Enterprise, Firm, Partnership, Organization, Association, or Body
NIL

**Spouse: Disclosure of Contracts and Agreements:**

Pursuant to clause 107(2)(d) of the *Act*, I hereby disclose the general nature and any material details of any contract or agreement involving my spouse that could reasonably be perceived to be affected by a decision, recommendation or action of the Council and to affect my impartiality in the exercise of my office:

General Nature and Any Material Details of Any Contract or Agreement
NIL

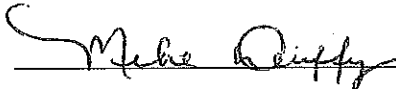
**DECLARATION**

I, MICHAEL DUFFY, of the City of Charlottetown in the Province of Prince Edward Island, do hereby declare that the information, belief, and statements contained and made in this form are, to the best of my knowledge, true, accurate and complete.


If applicable, I further do hereby declare that the information, belief, and statements contained and made in this form in relation to my spouse are, to the best of my knowledge, true, accurate and complete.

I also do hereby declare that I will comply with all Conflict of Interest and Code of Conduct rules established under the *Municipal Government Act* and by Council, by bylaw.

Dated this 27 day of NOVEMBER, 2018

  
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Signature of Declarant

  
\_\_\_\_\_  
Chief Administrative Officer

  
\_\_\_\_\_

Date Received