Member's Disclosure of Gifts and Personal Benefits
Member Name: Wab Kinew
Constituency: Fort Rouge

Family Information

This form uses following abbreviations:

M-Member:

S-Spouse:

D-Dependants, including children under 18:

Recipient of gift or benefit: **M**

Name of person or organization who gave the gift or benefit : **First Nations Health and Social Secretariat of Manitoba**

Date received: **2023/10/17**

Description of gift or benefit: **Moccassins and Hat**

Circumstances under which gift or benefit was received: **Pipe Ceremony and Honouring at AMC Meeting**

Are you filing this disclosure because it is one of multiple gifts from the same source this year that have a total value of $250 or more: **Yes**

Does the gift or benefit have a value exceeding $1,000 or is it one of multiple gifts from the same source this year that have a total value of $1,000 or more? **No**