

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 : **Manitoba Dental Association**

Date received: **2026/06/29**

Description of gift or benefit: **Print of artwork**

Circumstances under which gift or benefit was received: **Launch of MDA reconciliation strategy**

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: **No**

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**