

MY FULL NAME

DISCLOSURE OF INTERESTS

SURNAME: DALRYMPLE

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

For further information please read the Office of Local Government's Self help guide for completion of returns

GIVEN NAME: ALEX

Ensure that wherever you have nothing to declare, that you have selected the word 'NIL' from the drop-drown lists.

RETURN PERIOD: 1 JULY 2018 TO 30 JUNE 2019 **REAL PROPERTY** A TIP: You must include: (i) either the postal addresses OR particulars of title, i.e. Lot and DP (or SP) of properties anywhere in Australia that you had an interest in at any time during the Return Period; (ii) the Nature of your Interest, i.e. Owner, Part Owner, Lessee, Beneficiary, Occupier or Other Address of each parcel of real property in which I had an interest at any time during the Nature of my Interest: Select from Return Period the drop-down list 0 MY PLACE(S) OF RESIDENCE: Lot & DP: Lessee Suburb: Yamba State: NSW Street: Lot & DP: Nο. SELECT FROM LIST BELOW Suburb: State: OTHER REAL PROPERTY POSTAL ADDRESS DETAILS: Lot & DP: No: Street: James Creek Road Other (Add details below) Suburb: State: NSW Street: Clyde Essex Drive Lot & DP: No: Other (Add details below) Suburb: Gulmarrad State: NSW Street: Lot & DP: No: SELECT FROM LIST BELOW Suburb: State: Lot & DP: Nο. Street: SELECT FROM LIST BELOW Suburb: State: No: Street: Lot & DP: SELECT FROM LIST BELOW Suburb: State: No: Street: Lot & DP: SELECT FROM LIST BELOW Suburb: State:

If insufficient space, please attach a schedule to this form.

clarence

Please tick if adding an attachment \square

DISCLOSURE OF INTERESTS

B SOURCES OF INCOME						
A TIP: Only provide information where the amount of income from an occupation, a Trust or other source, exceeded \$500.						
SOURCES OF MY INCOME (sources, not amounts, of income)		PATION(S) Occupation(s) at any time during	ng the Return Period)			
Position Held e.g. Labourer, Cadet, Project Officer, Manager, etc.	Description	d Address of Employer or of Office held (if applicable) de business name & business a	Name of Partnership (if applicable)			
Works Program Coordinator	CLARENCE VALLEY COUNCIL 2 Prince Street GRAFTON NSW 2460					
Proprietor	Sole Trader (Trading a Yamba, NSW, 2478	as Omniscio),	•			
SOURCES OF MY INCOM (sources of income, not amount)		rust during the Return Period)				
If you have Nothing to Declar e, select			NIL			
NAME AND ADDRESS C A TIP: The 'Settlor' is the name of a		NAME AND A	DDRESS OF TRUSTEE			
3 OTHER SOURCES OF M (sources of other income, no		t any time during the Return Pe	riod)			
TIPS: a Other Sources of Incom b You must include a deswhich, that income was	cription sufficient to identify		ess activities, welfare payments; ctivity from whom, or the circumstances in			
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box						
C GIFTS						
A TIP: Only include description of a single gift or multiple gifts from the same donor, the total value of which exceeded \$500						
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section D						
If you declare a gift then you MUST also complete a Gifts and Benefits Declaration Form in the Councillors Dropbox or located on Council's Intranet						
DESCRIPTION OF EACH GIFT RECEIVED BY ME AT ANY TIME DURING THE RETURN PERIOD NAME AND ADDRESS OF GIFT DONOR						



D

CONTRIBUTIONS TO TRAVEL

DISCLOSURE OF INTERESTS

A TIP: Do not include payments by Council for yo	ur work-related travel				
If you have Nothing to Declare, select the word 'Nil' and move to Section E	in the adjacent Box	>	NIL		
NAME AND ADDRESS OF EACH PERSON WHO MAD GREATER THAN \$250 FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVEL UNDERTAKEN BY DURING THE RETURN PERIOD	AN \$250 FINANCIAL OR OTHER O ANY TRAVEL UNDERTAKEN BY ME DATES TRAVEL WAS				
E INTERESTS AND POSITIONS	IN CORPORATIO	NS			
TIPS: (i) Declare only if your shareholding was a (not Shareholder) you held in a Corporation (include Corporation or the position was a paid position	greater than 10% of voting r ding not-for-profit corporatio	ights in the corporati n) such as Director,	ion (ii) You must declare any position whether or not you held shares in the		
If you have Nothing to Declare, select the word 'Nil' and move to Section F	in the adjacent Box	>	NIL		
If you declare a Position U you held in a Corporation Interests Disclosure Form in the Councillors Dropbo			MUST complete a Conflict of		
NAME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION AT ANY TIME DURING THE RETURN PERIOD	NATURE OF INTEREST (IF ANY) EG SHAREHOLDER	DESCRIPTION (POSITION (IF AN EG DIRECTOR, COMP, SECRETARY	(Y) PRINCIPAL OBJECTS OF		
F POSITIONS IN TRADE LINIONS		NIAL OR BU			
F POSITIONS IN TRADE UNIONS A TIP: Do not include general membership but inc					
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section G					
NAME OF EACH TRADE UNION AND EACH PROFESSIONAL OR BUSINESS ASSOCIATION IN WHICH I HELD ANY POSITION (WHETHER REMUNERATED OR NOT) AT ANY TIME DURING THE RETURN PERIOD DESCRIPTION OF POSITION					
<u> </u>					



DISCLOSURE OF INTERESTS

G DEBTS						
	You do not need to provide information on (i) credit union or other financial institution such as				lative, bank, building	
If you have N	Nothing to Declare, select the word 'Nil' in the Section H	ne adjacent Box	•	N	IL	
NAME AND	ADDRESS OF EACH PERSON OR ORGANISA DURI	ATION (CREDITOR) TO WHO	M I WAS LIA	BLE TO PAY ANY DE	BT AT ANY TIME	
	NAME OF CREDITOR		ADDRES	SS OF CREDITOR		
H DISP	OSITIONS OF REAL PROPE	RTY				
of each the right the rig	 mortgage over your land, grant of easement over land by which you retain the ability to use the land, sale of land (or grant of option by you) with (i) a lease or licence granted to you or a right for you to repurchase the land, (ii) or an easement or covenant over the land in favour of you creation of an option to purchase land in favour of you; creation by you of a charge over your land; transfer by you of an interest in your land to a Trustee of a Trust of which you are a beneficiary; transfer of land to your spouse or by your spouse to a third party whereby you continue to occupy the land; 					
	If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section I					
Should you require more detailed explanation on the information to be provided in this Section, you should refer to Clauses 188(1) and 188(2) of the Local Government (General) Regulation 2005 or consult your solicitor						
1 PARTICULARS OF EACH DISPOSITION OF REAL PROPERTY BY ME AT ANY TIME DURING THE RETURN PERIOD AS A RESULT OF WHICH I RETAINED, EITHER WHOLLY OR IN PART, THE USE AND BENEFIT OF THE PROPERTY OR THE RIGHT TO REACQUIRE THE PROPERTY AT A LATER DATE						
No:	Street:	Lot & DP:	Suburb:		State:	
No:	Street:	Lot & DP:	Suburb:		State:	
No:	Street:	Lot & DP:	Suburb:		State:	
2 PARTICULARS OF EACH DISPOSITION OF REAL PROPERTY TO A PERSON BY ANOTHER PERSON UNDER ARRANGEMENTS MADE BY ME, BEING DISPOSITIONS MADE AT ANY TIME DURING THE RETURN PERIOD, AS A RESULT OF WHICH I OBTAINED EITHER WHOLLY OR IN PART, THE USE AND BENEFIT OF THE PROPERTY						
No:	Street:	Lot & DP:	Suburb:		State:	
No:	Street:	Lot & DP:	Suburb:		State:	
No:	Street:	Lot & DP:	Suburb:		State:	





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

I DISCRETIONARY DISCLOSURES					
A TIP: To be completed if you wish to make any additional disclosures					
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and go to Sign and Date to complete this Return					

MY SIGNATURE:	Z		
DATE SIGNED:	4 JULY 2019		

NEXT STEPS:

- Ensure that wherever you had nothing to declare, that you have selected the word 'NIL' from the dropdrown lists.
- · Print the form.
- Sign and date this page.
- Your form should then be forwarded to the Governance Coordinator at 2 Prince Street, Grafton

OPTIONAL STATUTORY DECLARATION:

Did you complete the optional Statutory Declaration on the next page?

If 'YES', make sure that you have listed the reasons for completing the form and then have your signature witnessed by a Justice of the Peace before submitting your Disclosure of Interest Form.





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

COMPLETION OF THE FOLLOWING STATUTORY DECLARATION IS OPTIONAL

The declaration should be completed only if you want to withhold your place of living from the version of your Return which is made available for public inspection. Reasons for withholding your place of living must be detailed in the declaration.

STATUTORY DECLARATION

Request for Protection of Privacy (place of living) Local Government Act 1993, Section 739

l,	
of	
in the State of New South Wales, do solemnly and sincerely declar	are as follows –
	ther Matters that is available, or is to be made available, for public ared or amended so as to omit or remove any matter that would
I consider that the disclosure of my place of living would place, or my family, at risk for the reason(s) that –	r places, my personal safety, or the personal safety of members of
LIST YOUR REASONS HERE -	
And I make this solemn declaration conscientiously believe the Oaths Act, 1900.	ving the same to be true and by virtue of the provisions of
Subscribed and declared at:	
Thisday of	
20	My Signature
before me:	
I.	a JP for NSW certify
(Full name of JP)	(JP Registration Number)
 (Tick a box that applies) 1 □ I saw the face of the declarant 	
☐ I did not see the face of the declarant because he/she had a special justification for not removing	e/she was wearing a face covering, but I am satisfied that it. and
(Tick a box that applies)	
2 I have known the person for at least 12 months	
☐ I confirmed the person's identity with	(Describe identification document relied on [PTO)
	,
(Signature of JP)	(Date)





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR



NOTES FOR COMPLETING THE OPTIONAL STATUTORY DECLARATION

A person's identity can be confirmed with any one of the following approved identification documents, unless the document has expired or been cancelled. However, an Australian passport is acceptable if it expired no more than 2 years ago –

- a driver's licence or permit with a photograph, whether issued in Australia or another country
- a NSW photo card issued under Photo Card Act 2005
- an Australian proof of age card which contains the person's photograph
- an Australian passport (either current or expired less than 2 years ago)
- a passport or similar document with the person's photograph and signature issued by another country or by the United Nations
- a national identity card with the person's photograph and signature issued by another country or the United Nations (with an English language translation if not in English)
- an Australian citizenship certificate
- a foreign citizenship certificate (with an English language translation if not in English)
- a birth certificate or birth extract, whether issued in Australia, another country or by the United Nations (with an English language translation if not in English)
- · a Centrelink pension card
- · a credit card or passbook
- an account from a bank, building society or credit union, or statement of account up to one year old
- a Medicare card, pension concession card, Department of Veteran's Affairs entitlement card or other entitlement card issued by the Federal or any State Government
- an electoral enrolment card or other evidence of enrolment as an elector up to 2 years old, or
- a student identity card, or a certificate or statement of enrolment up to 2 years old from an educational institution

A copy of an identification document is acceptable if certified as a true copy by:

- any justice of the peace,
- notary public,
- · commissioner of the court for taking affidavits,
- · Australian legal practitioner authorised to take and receive any affidavit,
- the NSW Registrar-General,
- · a Deputy Registrar-General,
- or other person by law authorised to administer an oath.

The certifier and the witness cannot be the same person.





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Attachement with further details;

My interest in Lot 8 James Creek Road is that my friends who own the property allow me to use the shed for storage.

My interest in 4 Clyde Essex Drive, Gulmarrad is that I signed a contract to purchase the property within the reporting period.





MY FULL NAME

DISCLOSURE OF INTERESTS

SURNAME: DUNNE

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GIVEN NAME: ALAN

Ensure that wherever you have nothing to declare, that you have selected the word 'NIL' from the drop-drown lists.

	RETURN PERIOD: 5 NO	VEMBER 2018 10 30 JU	JNE 2019
A REAL	PROPERTY		
Australia	You must include: (i) either the postal addres a that you had an interest in at any time during the ary, Occupier or Other		
Address of ea Return Period	ch parcel of real property in which I had an	interest at any time during the	Nature of my Interest: Select from the drop-down list
MY PLACE(S	S) OF RESIDENCE:		
			Lessee
Suburb: Woold	oweyah	State: NSW	20000
No:	Street:	Lot & DP:	SELECT FROM LIST BELOW
Suburb:		State:	
OTHER REA	L PROPERTY POSTAL ADDRESS DE	TAILS:	
No:	Street:		Part Owner
Suburb: Calou	ndra	State: QLD	
No:	Street:	Lot & DP:	OF LEGT EDOM LIGT BELOW
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	OF LEGT EDOM LIGT BELOW
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	OF LEGT EDOM LIGT BELOW
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	OF LEGT EDOM LIGT BELOW
Suburb:			SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	CELECT EDOM LICT DEL CAL
Suburb:		State:	SELECT FROM LIST BELOW

Please tick if adding an attachment \square

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DISCLOSURE OF INTERESTS

B SOURCES OF INCOME						
A TIP: Only provide information where the amount of income from an occupation, a Trust or other source, exceeded \$500.						
SOURCES OF MY INCOME (sources, not amounts, of income)				g the Return Perio	d)	
Position Held e.g. Labourer, Cadet, Project Officer, Manager, etc.	Descrip	Name and Address of Employer or Description of Office held (if applicable) If self employed include business name & business address Name of Partnership (if applicable)				
Senior Project Engineer	CLARENCE VALL 2 Prince Street GRAFTON NSW					
2 SOURCES OF MY INCOM (sources of income, not amount)	unts, I received from	n a Trust during	the Return Period)			
If you have Nothing to Declar e, select		e adjacent Box	→		IIL	
NAME AND ADDRESS C A TIP: The 'Settlor' is the name of a		st	NAME AND A	DDRESS OF TRU	STEE	
3 OTHER SOURCES OF M (sources of other income, no		ed at any time o	during the Return Pen	iod)		
Other Sources of Income b You must include a description, that income was	cription sufficient to ide		-			
If you have Nothing to Declare, select	the word 'Nil' in the	adjacent Box		N	IIL	
C GIFTS						
A TIP: Only include description of	a single gift or multiple	e gifts from the sa	ime donor, the total valu	e of which exceeded	\$500	
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section D					IIL	
If you declare a gift then you MUS on Council's Intranet	ST also complete a	Gifts and Benef	its Declaration Form	in the Councillors I	Dropbox or located	
	PTION OF EACH GIFT RECEIVED BY ME AT ANY TIME DURING THE RETURN PERIOD NAME AND ADDRESS OF GIFT DONOR					

CONTRIBUTIONS TO TRAVEL

DISCLOSURE OF INTERESTS

A TIP: Do not include payments by Council for yo	ur work-related travel				
If you have Nothing to Declare, select the word 'Nil' and move to Section E	in the adjacent Box	-	NIL		
NAME AND ADDRESS OF EACH PERSON WHO MAD GREATER THAN \$250 FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVEL UNDERTAKEN BY DURING THE RETURN PERIOD	VEL WAS TAKEN	NAME OF STATES, TERRITORIES OF THE COMMONWEALTH AND OTHER COUNTRIES IN WHICH TRAVEL WAS UNDERTAKEN			
E INTERESTS AND POSITIONS	IN CORPORATIO	NS			
TIPS: (i) Declare only if your shareholding was (not Shareholder) you held in a Corporation (inclu-Corporation or the position was a paid position	greater than 10% of voting r ding not-for-profit corporatio	ights in the corporation) such as Director,	on (ii) You must declare any position whether or not you held shares in the		
If you have Nothing to Declare, select the word 'Nil' and move to Section F	in the adjacent Box	-	NIL		
If you declare a Position U you held in a Corporation Interests Disclosure Form in the Councillors Dropbo	on that had a relationship x or located on Council's	with Council, you I	MUST complete a Conflict of		
NAME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION AT ANY TIME DURING THE RETURN PERIOD	NATURE OF INTEREST (IF ANY) EG SHAREHOLDER	DESCRIPTION C POSITION (IF AN EG DIRECTOR, COMPA SECRETARY	CORPORATION (EXCEPT IN		
F POSITIONS IN TRADE UNIONS					
A TIP: Do not include general membership but in		held whether remun	erated or not		
If you have Nothing to Declare, select the word 'Nil' and move to Section G	in the adjacent Box	J	NIL		
NAME OF EACH TRADE UNION AND EACH PROFESSIONAL OR BUSINESS ASSOCIATION IN WHICH I HELD ANY POSITION (WHETHER REMUNERATED OR NOT) AT ANY TIME DURING THE RETURN PERIOD DESCRIPTION OF POSITION					

DISCLOSURE OF INTERESTS

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G	DEBTS	

A TIP: You do not need to provide information on (i) the amounts; (ii) debts for less than \$500; (iii) debts to any relative, bank, building society, credit union or other financial institution such as for your home mortgage, credit card or department store

If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section H

NIL

NAME AND ADDRESS OF EACH PERSON OR ORGANISATION (CREDITOR) TO WHOM I WAS LIABLE TO PAY ANY DEBT AT ANY TIME DURING THE RETURN PERIOD

BONNE THE REPORT ENDS				
NAME OF CREDITOR	ADDRESS OF CREDITOR			
NAB	Stockland Shopping Centre, Shop B1/47 Bowman Rd, Caloundra QLD 4551			

H DISPOSITIONS OF REAL PROPERTY

TIPS: You must disclose details:

- of each disposal of real property since your last return was made by which you wholly or partly retained the use or benefit of the property or the right to repurchase the property;
- of each disposal of real property by other persons or entities whereby you wholly or partly obtained the use of the property;
- disposal includes
 - o grant of a lease or licence for all or part of the land,
 - o mortgage over your land,
 - o grant of easement over land by which you retain the ability to use the land,
 - o sale of land (or grant of option by you) with (i) a lease or licence granted to you or a right for you to repurchase the land, (ii) or an easement or covenant over the land in favour of you
- creation of an option to purchase land in favour of you;
- · creation by you of a charge over your land;
- transfer by you of an interest in your land to a Trustee of a Trust of which you are a beneficiary;
- transfer of land to your spouse or by your spouse to a third party whereby you continue to occupy the land;
- transfer of title of your land subject to you continuing to receive a benefit, e.g. rent from the land.

If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section I



NIL

Should you require more detailed explanation on the information to be provided in this Section, you should refer to Clauses 188(1) and 188(2) of the Local Government (General) Regulation 2005 or consult your solicitor

1 PARTICULARS OF EACH DISPOSITION OF REAL PROPERTY BY ME AT ANY TIME DURING THE RETURN PERIOD AS A RESULT OF WHICH I RETAINED, EITHER WHOLLY OR IN PART, THE USE AND BENEFIT OF THE PROPERTY OR THE RIGHT TO REACQUIRE THE PROPERTY AT A LATER DATE

No:	Street:	Lot & DP:	Suburb:	State:
No:	Street:	Lot & DP:	Suburb:	State:
No:	Street:	Lot & DP:	Suburb:	State:

2 PARTICULARS OF EACH DISPOSITION OF REAL PROPERTY TO A PERSON BY ANOTHER PERSON UNDER ARRANGEMENTS MADE BY ME, BEING DISPOSITIONS MADE AT ANY TIME DURING THE RETURN PERIOD, AS A RESULT OF WHICH I OBTAINED EITHER WHOLLY OR IN PART, THE USE AND BENEFIT OF THE PROPERTY

No:	Street:	Lot & DP:	Suburb:	State:
No:	Street:	Lot & DP:	Suburb:	State:
No:	Street:	Lot & DP:	Suburb:	State:





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

I DISCRETIONARY DISCLOSURES			
A TIP: To be completed if you wish to make any additional disclosures			
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and go to Sign and Date to complete this Return			

MY SIGNATURE:			
DATE SIGNED:	5/7/2019		

NEXT STEPS:

- Ensure that wherever you had nothing to declare, that you have selected the word 'NIL' from the dropdrown lists.
- · Print the form.
- Sign and date this page.
- Your form should then be forwarded to the Governance Coordinator at 2 Prince Street, Grafton

OPTIONAL STATUTORY DECLARATION:

Did you complete the optional Statutory Declaration on the next page?

If 'YES', make sure that you have listed the reasons for completing the form and then have your signature witnessed by a Justice of the Peace before submitting your Disclosure of Interest Form.





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COMPLETION OF THE FOLLOWING STATUTORY DECLARATION IS OPTIONAL

The declaration should be completed only if you want to withhold your place of living from the version of your Return which is made available for public inspection. Reasons for withholding your place of living must be detailed in the declaration.

STATUTORY DECLARATION

Request for Protection of Privacy (place of living) Local Government Act 1993, Section 739

I,	
of	
in the State of New South Wales, do solemnly and sincerely dec	lare as follows –
	Other Matters that is available, or is to be made available, for public pared or amended so as to omit or remove any matter that would
I consider that the disclosure of my place of living would place, of my family, at risk for the reason(s) that	or places, my personal safety, or the personal safety of members of
LIST YOUR REASONS HERE -	
And I make this solemn declaration conscientiously belief the Oaths Act, 1900.	ving the same to be true and by virtue of the provisions of
Subscribed and declared at:	
Thisday of	
20	
	My Signature
before me:	
1	a ID for NCW
(Full name of JP)	_ a JP for NSW certify (JP Registration Number)
(Tick a box that applies)	
1 I saw the face of the declarant	
	ne/she was wearing a face covering, but I am satisfied that
he/she had a special justification for not removing	it, and
 (Tick a box that applies) I have known the person for at least 12 months 	
☐ I confirmed the person's identity with	
	(Describe identification document relied on [PTO)
(Signature of JP)	(Date)
(Signature or or)	(Date)





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近 NOTES FOR COMPLETING THE OPTIONAL STATUTORY DECLARATION

A person's identify can be confirmed with any one of the following approved identification documents, unless the document has expired or been cancelled. However, an Australian passport is acceptable if it expired no more than 2 years ago -

- a driver's licence or permit with a photograph, whether issued in Australia or another country
- a NSW photo card issued under Photo Card Act 2005
- an Australian proof of age card which contains the person's photograph
- an Australian passport (either current or expired less than 2 years ago)
- a passport or similar document with the person's photograph and signature issued by another country or by the United Nations
- a national identity card with the person's photograph and signature issued by another country or the United Nations (with an English language translation if not in English)
- an Australian citizenship certificate
- a foreign citizenship certificate (with an English language translation if not in English)
- a birth certificate or birth extract, whether issued in Australia, another country or by the United Nations (with an English language translation if not in English)
- a Centrelink pension card
- a credit card or passbook
- an account from a bank, building society or credit union, or statement of account up to one year old
- a Medicare card, pension concession card, Department of Veteran's Affairs entitlement card or other entitlement card issued by the Federal or any State Government
- an electoral enrolment card or other evidence of enrolment as an elector up to 2 years old, or
- a student identity card, or a certificate or statement of enrolment up to 2 years old from an educational institution

A copy of an identification document is acceptable if certified as a true copy by:

- any justice of the peace,
- notary public,
- commissioner of the court for taking affidavits,
- Australian legal practitioner authorised to take and receive any affidavit,
- the NSW Registrar-General,
- a Deputy Registrar-General,
- or other person by law authorised to administer an oath.

The certifier and the witness cannot be the same person.





MY FULL NAME GIVEN NAME: ASHLEY

DISCLOSURE OF INTERESTS

SURNAME: LINDSAY

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Ensure that wherever you have nothing to declare, that you have selected the word 'NIL' from the drop-drown lists.

	RETURN PERIOD. I	JULT 2010 10 30 JUNE	2019
A REAL	PROPERTY		
Australia	You must include: (i) either the postal addres that you had an interest in at any time during the ary, Occupier or Other	ises OR particulars of title, i.e. Lot a Return Period; (ii) the Nature of your	nd DP (or SP) of properties anywhere in Interest, i.e. Owner, Part Owner, Lessee,
Address of eac Return Period	ch parcel of real property in which I had ar	interest at any time during the	Nature of my Interest: Select from the drop-down list
MY PLACE(S	S) OF RESIDENCE:		
No:	Street:	Lot & DP:	Part Owner
Suburb: Yamba	a	State: NSW	
No:	Street:	Lot & DP:	SELECT FROM LIST BELOW
Suburb:		State:	
OTHER REA	L PROPERTY POSTAL ADDRESS DE	TAILS:	
No: Unit	Street:	Lot & DP:	Part Owner
Suburb: Nunda	ah	State: QLD	
No:	Street:	Lot & DP:	
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	051505500000000000000000000000000000000
Suburb:		State:	SELECT FROM LIST BELOW

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DISCLOSURE OF INTERESTS

B SOURCES OF INCOM	1E			
A TIP: Only provide information where the amount of income from an occupation, a Trust or other source, exceeded \$500.				
SOURCES OF MY INCOME (sources, not amounts, of income)				the Return Period)
Position Held e.g. Labourer, Cadet, Project Officer, Manager, etc.	Descrip	e and Address o tion of Office he nclude business		Name of Partnership (if applicable)
General Manager	CLARENCE VALL 2 Prince Street GRAFTON NSW			
SOURCES OF MY INCOME (sources of income, not amount amount)		_	the Return Period)	
If you have Nothing to Declar e, selec	t the word 'Nil' in the	adjacent Box	-	NIL
NAME AND ADDRESS C A TIP: The 'Settlor' is the name of a		st	NAME AND AD	DRESS OF TRUSTEE
⇒ 3 OTHER SOURCES OF M (sources of other income, not)		ed at any time du	uring the Return Perio	od)
-	cription sufficient to ide		-	es activities, welfare payments; ivity from whom, or the circumstances in
If you have Nothing to Declare, select	the word 'Nil' in the	adjacent Box	>	Refer Below
Income from rental property from 1 July 2018 to 30 November 201	Nund 8.	ah		
C GIFTS				
A TIP: Only include description of	a single gift or multiple	e gifts from the san	ne donor, the total value	e of which exceeded \$500
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section D				
If you declare a gift then you MUST also complete a Gifts and Benefits Declaration Form in the Councillors Dropbox or located on Council's Intranet				
DESCRIPTION OF EACH GIFT RECEIVED BY ME AT ANY TIME DURING THE RETURN PERIOD NAME AND ADDRESS OF GIFT DONOR				



CONTRIBUTIONS TO TRAVEL

DISCLOSURE OF INTERESTS

A TIP. Do not include payments by Council for you	ir work-related travel		
If you have Nothing to Declare, select the word 'Nil' i and move to Section E	n the adjacent Box	•	NIL
NAME AND ADDRESS OF EACH PERSON WHO MAD GREATER THAN \$250 FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVEL UNDERTAKEN BY N DURING THE RETURN PERIOD			NAME OF STATES, TERRITORIES OF THE COMMONWEALTH AND OTHER COUNTRIES IN WHICH TRAVEL WAS UNDERTAKEN
E INTERESTS AND POSITIONS I	N CORPORATIO	NS	
TIPS: (i) Declare only if your shareholding was g (not Shareholder) you held in a Corporation (includ Corporation or the position was a paid position	reater than 10% of voting r ling not-for-profit corporatio	rights in the corpora n) such as Directo	ration (ii) You must declare any position or, whether or not you held shares in the
If you have Nothing to Declare, select the word 'Nil' i and move to Section F	n the adjacent Box	•	Refer Below
If you declare a Position U you held in a Corporation Interests Disclosure Form in the Councillors Dropbox			u MUST complete a Conflict of
NAME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION AT ANY TIME DURING THE RETURN PERIOD	NATURE OF INTEREST (IF ANY) EG SHAREHOLDER	DESCRIPTION POSITION (IF A EG DIRECTOR, COM SECRETARY	ANY) CORPORATION (EXCEPT IN
Clarence Valley UC Ltd		Board Director, Treasurer	, Tertiary Education
F POSITIONS IN TRADE UNIONS	OR PROFESSIO	ONAL OR B	USINESS ASSOCIATIONS
A TIP: Do not include general membership but inc	lude details of any positions	s held whether remi	unerated or not
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section G			
NAME OF EACH TRADE UNION AND EACH PROFESSIONAL OR BUSINESS ASSOCIATION IN WHICH I HELD ANY POSITION (WHETHER REMUNERATED OR NOT) AT ANY TIME DURING THE RETURN PERIOD DESCRIPTION OF POSITION			



DISCLOSURE OF INTERESTS

G DEB	тѕ				
	You do not need to provide information on (i) credit union or other financial institution such as				lative, bank, building
If you have N	Nothing to Declare, select the word 'Nil' in the Section H	ne adjacent Box		N	IL
NAME AND	ADDRESS OF EACH PERSON OR ORGANISA DURI	ATION (CREDITOR) TO WHO NG THE RETURN PERIOD	M I WAS LIA	BLE TO PAY ANY DE	EBT AT ANY TIME
	NAME OF CREDITOR		ADDRES	SS OF CREDITOR	
H DISP	OSITIONS OF REAL PROPE	RTY			
of eac the rig of eac dispos o g o m o g c reatic creatic transfe transfe	You must disclose details: h disposal of real property since your last return ht to repurchase the property; h disposal of real property by other persons or e ial includes — rant of a lease or licence for all or part of the lan nortgage over your land, rant of easement over land by which you retain t ale of land (or grant of option by you) with (i) a asement or covenant over the land in favour of you on of an option to purchase land in favour of you on by you of a charge over your land; er by you of an interest in your land to a Trustee er of land to your spouse or by your spouse to a er of title of your land subject to you continuing to	ntities whereby you wholly or party d, the ability to use the land, lease or licence granted to you of a Trust of which you are a bethird party whereby you conting or receive a benefit, e.g. rent from	oartly obtaine you or a right peneficiary; ue to occupy	d the use of the proper for you to repurchas	erty;
If you have N and move to	Nothing to Declare, select the word 'Nil' in the Section I	ne adjacent Box	7	N	IL
Should you require more detailed explanation on the information to be provided in this Section, you should refer to Clauses 188(1) and 188(2) of the Local Government (General) Regulation 2005 or consult your solicitor					
RE'	RTICULARS OF EACH DISPOSITIO TURN PERIOD AS A RESULT OF V D BENEFIT OF THE PROPERTY OF TE	VHICH I RETAINED, E	ITHER WI	HOLLY OR IN P	ART, THE USE
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
2 PARTICULARS OF EACH DISPOSITION OF REAL PROPERTY TO A PERSON BY ANOTHER PERSON UNDER ARRANGEMENTS MADE BY ME, BEING DISPOSITIONS MADE AT ANY TIME DURING THE RETURN PERIOD, AS A RESULT OF WHICH I OBTAINED EITHER WHOLLY OR IN PART, THE USE AND BENEFIT OF THE PROPERTY					
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

I DISCRETIONARY DISCLOSURES				
A TIP: To be completed if you wish to make any additional disclosures				
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and go to Sign and Date to complete this Return				

MY SIGNATURE:		
DATE SIGNED:	3 July 2019	

NEXT STEPS:

- Ensure that wherever you had nothing to declare, that you have selected the word 'NIL' from the dropdrown lists.
- Print the form.
- Sign and date this page.
- Your form should then be forwarded to the Governance Coordinator at 2 Prince Street, Grafton

OPTIONAL STATUTORY DECLARATION:

Did you complete the optional Statutory Declaration on the next page?

If 'YES', make sure that you have listed the reasons for completing the form and then have your signature witnessed by a Justice of the Peace before submitting your Disclosure of Interest Form.





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

COMPLETION OF THE FOLLOWING STATUTORY DECLARATION IS OPTIONAL

The declaration should be completed only if you want to withhold your place of living from the version of your Return which is made available for public inspection. Reasons for withholding your place of living must be detailed in the declaration.

STATUTORY DECLARATION

Request for Protection of Privacy (place of living) Local Government Act 1993, Section 739

I,	
of	
	laro as follows
in the State of New South Wales, do solemnly and sincerely dec	
	Other Matters that is available, or is to be made available, for public pared or amended so as to omit or remove any matter that would
I consider that the disclosure of my place of living would place, of my family, at risk for the reason(s) that	or places, my personal safety, or the personal safety of members of
LIST YOUR REASONS HERE -	
And I make this solemn declaration conscientiously belief the Oaths Act, 1900.	eving the same to be true and by virtue of the provisions of
Subscribed and declared at:	
Thisday of	
20	
	My Signature
before me:	
I,	a JP for NSWcertify
(Full name of JP)	(JP Registration Number)
(Tiste a hose that a selfeet)	
 (Tick a box that applies) 1 □ I saw the face of the declarant 	
	ne/she was wearing a face covering, but I am satisfied that
he/she had a special justification for not removing	
(Tick a box that applies)	
2	
☐ I confirmed the person's identity with	(Describe identification document relied on [PTO)
	• /
(0)	
(Signature of JP)	(Date)





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR



NOTES FOR COMPLETING THE OPTIONAL STATUTORY DECLARATION

A person's identity can be confirmed with any one of the following approved identification documents, unless the document has expired or been cancelled. However, an Australian passport is acceptable if it expired no more than 2 years ago –

- a driver's licence or permit with a photograph, whether issued in Australia or another country
- · a NSW photo card issued under Photo Card Act 2005
- an Australian proof of age card which contains the person's photograph
- an Australian passport (either current or expired less than 2 years ago)
- a passport or similar document with the person's photograph and signature issued by another country or by the United Nations
- a national identity card with the person's photograph and signature issued by another country or the United Nations (with an English language translation if not in English)
- an Australian citizenship certificate
- a foreign citizenship certificate (with an English language translation if not in English)
- a birth certificate or birth extract, whether issued in Australia, another country or by the United Nations (with an English language translation if not in English)
- · a Centrelink pension card
- a credit card or passbook
- an account from a bank, building society or credit union, or statement of account up to one year old
- a Medicare card, pension concession card, Department of Veteran's Affairs entitlement card or other entitlement card issued by the Federal or any State Government
- an electoral enrolment card or other evidence of enrolment as an elector up to 2 years old, or
- a student identity card, or a certificate or statement of enrolment up to 2 years old from an educational institution

A copy of an identification document is acceptable if certified as a true copy by:

- any justice of the peace,
- · notary public,
- · commissioner of the court for taking affidavits,
- · Australian legal practitioner authorised to take and receive any affidavit,
- the NSW Registrar-General,
- a Deputy Registrar-General,
- or other person by law authorised to administer an oath.

The certifier and the witness cannot be the same person.





MY FULL NAME

DISCLOSURE OF INTERESTS

SURNAME: MCGEARY

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

For further information please read the Office of Local Government's Self help guide for completion of returns

GIVEN NAME: ADELE

ELIZABTH

Ensure that wherever you have nothing to declare, that you have selected the word 'NIL' from the drop-drown lists.

	RETURN PERIOD: 1	JULY 2018 TO 30 JUNE	2019
A REAL	PROPERTY		
Australia	You must include: (i) either the postal addres that you had an interest in at any time during the ary, Occupier or Other	ses OR particulars of title, i.e. Lot a Return Period; (ii) the Nature of your	nd DP (or SP) of properties anywhere in r Interest, i.e. Owner, Part Owner, Lessee,
Address of ea Return Period	ch parcel of real property in which I had an	interest at any time during the	Nature of my Interest: Select from the drop-down list
MY PLACE(S	S) OF RESIDENCE:		
No:	Street:	Lot & DP:	Part Owner
Suburb: Coffs	Harbour	State: NSW	
No:	Street:	Lot & DP:	SELECT FROM LIST BELOW
Suburb:		State:	
OTHER REA	L PROPERTY POSTAL ADDRESS DE	TAILS:	
No:	Street:	Lot & DP:	
Suburb: East	Lismore	State: NSW	Part Owner
No:	Street:	Lot & DP:	
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	
Suburb:		State:	SELECT FROM LIST BELOW



DISCLOSURE OF INTERESTS

B SOURCES OF INCOME						
A TIP: Only provide information w	A TIP: Only provide information where the amount of income from an occupation, a Trust or other source, exceeded \$500.					
SOURCES OF MY INCOME (sources, not amounts, of income)		CUPATION(S) on my Occupation(s) at any time of	luring the Retu	rn Period)		
Position Held e.g. Labourer, Cadet, Project Officer, Manager, etc.	Name and Address of Employer or Description of Office held (if applicable) Name of Partnership (if applicable)			Name of Partnership (if applicable)		
Bridges Engineer	If self employed include business name & business address CLARENCE VALLEY COUNCIL 2 Prince Street GRAFTON NSW 2460					
2 SOURCES OF MY INCOM (sources of income, not amount in the sources) If you have Nothing to Declar e, select	unts, I received from	a Trust during the Return Perio	nd)	NIL		
NAME AND ADDRESS O		NAME AN	D ADDRESS (OF TRUSTEE		
TIPS: a Other Sources of Income	ot amounts, I receive e may include income	ed at any time during the Return from rental property, investments, be entify the person, property or busines	usiness activities			
which, that income was If you have Nothing to Declare, select	received.			Refer Below		
Rental income from property at Lismore	East					
Rental income from property at Harbour	C	Coffs				
C GIFTS						
A TIP: Only include description of	a single gift or multiple	e gifts from the same donor, the total	value of which	exceeded \$500		
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section D						
If you declare a gift U then you MUS on Council's Intranet	ST also complete a 0	Gifts and Benefits Declaration Fo	orm in the Coul	ncillors Dropbox or located		
DESCRIPTION OF EACH GIFT RECEIVE TIME DURING THE RETURN		NAME AND AD	DRESS OF GIF	T DONOR		

CONTRIBUTIONS TO TRAVEL

DISCLOSURE OF INTERESTS

A TIP: Do not include payments by Council for yo	ur work-related travel			
If you have Nothing to Declare, select the word 'Nil' and move to Section E	in the adjacent Box	>	NIL	
NAME AND ADDRESS OF EACH PERSON WHO MAD GREATER THAN \$250 FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVEL UNDERTAKEN BY DURING THE RETURN PERIOD	VEL WAS	NAME OF STATES, TERRITORIES OF THE COMMONWEALTH AND OTHER COUNTRIES IN WHICH TRAVEL WAS UNDERTAKEN		
E INTERESTS AND POSITIONS	IN CORPORATIO	NS		
TIPS: (i) Declare only if your shareholding was (not Shareholder) you held in a Corporation (inclu-Corporation or the position was a paid position	greater than 10% of voting r ding not-for-profit corporatio	ights in the corporation) such as Director,	on (ii) You must declare any position whether or not you held shares in the	
If you have Nothing to Declare, select the word 'Nil' and move to Section F	in the adjacent Box	>	NIL	
If you declare a Position U you held in a Corporation Interests Disclosure Form in the Councillors Dropbo	on that had a relationship x or located on Council's	with Council, you N	MUST complete a Conflict of	
NAME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION AT ANY TIME DURING THE RETURN PERIOD	NATURE OF INTEREST (IF ANY) EG SHAREHOLDER	DESCRIPTION O POSITION (IF AN EG DIRECTOR, COMPA SECRETARY	Y) PRINCIPAL OBJECTS OF	
F POSITIONS IN TRADE UNIONS	OR PROFESSIO	DNAL OR BU	SINESS ASSOCIATIONS	
A TIP: Do not include general membership but in	clude details of any positions	s held whether remun	erated or not	
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section G				
NAME OF EACH TRADE UNION AND EACH PROFE IN WHICH I HELD ANY POSITION (WHETH AT ANY TIME DURING THE	HER REMUNERATED OR N		DESCRIPTION OF POSITION	



DISCLOSURE OF INTERESTS

G DEBTS					
	You do not need to provide information on (i) credit union or other financial institution such as				lative, bank, building
If you have N	Nothing to Declare, select the word 'Nil' in the Section H	ne adjacent Box	•	N	IL
NAME AND	ADDRESS OF EACH PERSON OR ORGANISA DURI	ATION (CREDITOR) TO WHO	M I WAS LIA	BLE TO PAY ANY DE	BT AT ANY TIME
	NAME OF CREDITOR		ADDRES	SS OF CREDITOR	
H DISP	OSITIONS OF REAL PROPE	RTY			
of each the right the rig	You must disclose details: In disposal of real property since your last return to repurchase the property; In disposal of real property by other persons or example includes — I rant of a lease or licence for all or part of the landortgage over your land, rant of easement over land by which you retain to alle of land (or grant of option by you) with (i) a seement or covenant over the land in favour of your of an option to purchase land in favour of your on by you of a charge over your land; are by you of an interest in your land to a Trustee for of land to your spouse or by your spouse to a see of title of your land subject to you continuing to	ntities whereby you wholly or partities whereby you wholly or partition, he ability to use the land, lease or licence granted to you of a Trust of which you are a bathird party whereby you continuo receive a benefit, e.g. rent from	oartly obtained vou or a right peneficiary; ue to occupy	d the use of the proper for you to repurchas	erty;
	If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section I				
Should you require more detailed explanation on the information to be provided in this Section, you should refer to Clauses 188(1) and 188(2) of the Local Government (General) Regulation 2005 or consult your solicitor					
RE'	RTICULARS OF EACH DISPOSITIO TURN PERIOD AS A RESULT OF V D BENEFIT OF THE PROPERTY OF TE	VHICH I RETAINED, E	ITHER WH	HOLLY OR IN P	ART, THE USE
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
UN RE	RTICULARS OF EACH DISPOSITION DER ARRANGEMENTS MADE BY I TURN PERIOD, AS A RESULT OF I D BENEFIT OF THE PROPERTY	ME, BEING DISPOSITI	ONS MAD	E AT ANY TIMI	E DURING THE
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

I DISCRETIONARY DISCLOSURES					
A TIP: To be completed if you wish to make any add	litional disclosures				
If you have Nothing to Declare, select the word 'Nil' in the adjace and go to Sign and Date to complete this Return	ent Box	Refer Below			
My husbands family (including his father, grandfather, aunt and uncle) own businesses (McGeary Bros Engineering and Compass Equipment Hire), which at times perform work for Clarence Valley Council, including the hire of plant.					

MY SIGNATURE:	
DATE SIGNED:	31/07/2019

NEXT STEPS:

- Ensure that wherever you had nothing to declare, that you have selected the word 'NIL' from the dropdrown lists.
- Print the form.
- Sign and date this page.
- Your form should then be forwarded to the Governance Coordinator at 2 Prince Street, Grafton

OPTIONAL STATUTORY DECLARATION:

Did you complete the optional Statutory Declaration on the next page?

If 'YES', make sure that you have listed the reasons for completing the form and then have your signature witnessed by a Justice of the Peace before submitting your Disclosure of Interest Form.





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

COMPLETION OF THE FOLLOWING STATUTORY DECLARATION IS OPTIONAL

The declaration should be completed only if you want to withhold your place of living from the version of your Return which is made available for public inspection. Reasons for withholding your place of living must be detailed in the declaration.

STATUTORY DECLARATION

Request for Protection of Privacy (place of living) Local Government Act 1993, Section 739

I,	
of	
	lava as fallavia
in the State of New South Wales, do solemnly and sincerely dec	
	other Matters that is available, or is to be made available, for public pared or amended so as to omit or remove any matter that would
I consider that the disclosure of my place of living would place, or my family, at risk for the reason(s) that –	or places, my personal safety, or the personal safety of members of
LIST YOUR REASONS HERE -	
And I make this solemn declaration conscientiously belief the Oaths Act, 1900.	ving the same to be true and by virtue of the provisions of
Subscribed and declared at:	
Thisday of	
20	
	My Signature
before me:	
I,	a JP for NSW certify
(Full name of JP)	(JP Registration Number)
(Tide about the control	
 (Tick a box that applies) 1 □ I saw the face of the declarant 	
	ne/she was wearing a face covering, but I am satisfied that
he/she had a special justification for not removing	
(Tick a box that applies)	
2	
☐ I confirmed the person's identity with	(Describe identification document relied on [PTO)
(Signature of ID)	(Data)
(Signature of JP)	(Date)





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR



近 NOTES FOR COMPLETING THE OPTIONAL STATUTORY DECLARATION

A person's identify can be confirmed with any one of the following approved identification documents, unless the document has expired or been cancelled. However, an Australian passport is acceptable if it expired no more than 2 years ago -

- a driver's licence or permit with a photograph, whether issued in Australia or another country
- a NSW photo card issued under Photo Card Act 2005
- an Australian proof of age card which contains the person's photograph
- an Australian passport (either current or expired less than 2 years ago)
- a passport or similar document with the person's photograph and signature issued by another country or by the United Nations
- a national identity card with the person's photograph and signature issued by another country or the United Nations (with an English language translation if not in English)
- an Australian citizenship certificate
- a foreign citizenship certificate (with an English language translation if not in English)
- a birth certificate or birth extract, whether issued in Australia, another country or by the United Nations (with an English language translation if not in English)
- a Centrelink pension card
- a credit card or passbook
- an account from a bank, building society or credit union, or statement of account up to one year old
- a Medicare card, pension concession card, Department of Veteran's Affairs entitlement card or other entitlement card issued by the Federal or any State Government
- an electoral enrolment card or other evidence of enrolment as an elector up to 2 years old, or
- a student identity card, or a certificate or statement of enrolment up to 2 years old from an educational institution

A copy of an identification document is acceptable if certified as a true copy by:

- any justice of the peace,
- notary public,
- commissioner of the court for taking affidavits,
- Australian legal practitioner authorised to take and receive any affidavit,
- the NSW Registrar-General,
- a Deputy Registrar-General,
- or other person by law authorised to administer an oath.

The certifier and the witness cannot be the same person.





MY FULL NAME

DISCLOSURE OF INTERESTS

SURNAME: LANDERS

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

For further information please read the Office of Local Government's Self help guide for completion of returns

GIVEN NAME: CARMEN

Ensure that wherever you have nothing to declare, that you have selected the word 'NIL' from the drop-drown lists.

RETURN PERIOD: 1 JULY 2018 TO 30 JUNE 2019				
A REAL	PROPERTY			
Australia	You must include: (i) either the postal addres a that you had an interest in at any time during the ary, Occupier or Other			
Address of each parcel of real property in which I had an interest at any time during the Return Period Nature of my Interest: Selection the drop-down list				
MY PLACE(S	S) OF RESIDENCE:			
No:	Street:	Lot & DP:	Part Owner	
Suburb: Yamb	a	State: NSW		
No:	Street:	Lot & DP:	SELECT FROM LIST BELOW	
Suburb:		State:		
OTHER REA	L PROPERTY POSTAL ADDRESS DE	TAILS:		
No:	Street:	Lot & DP:	05/507-500///07-05/-01/	
Suburb:		State:	SELECT FROM LIST BELOW	
No:	Street:	Lot & DP:	OF LEAT EDOM LIOT DELOW	
Suburb:		State:	SELECT FROM LIST BELOW	
No:	Street:	Lot & DP:	OF LEAT EDOM LIOT BELOW	
Suburb:		State:	SELECT FROM LIST BELOW	
No:	Street:	Lot & DP:	OF LEAT EDOM LIOT BELOW	
Suburb:		State:	SELECT FROM LIST BELOW	
No:	Street:	Lot & DP:	051 507 50 011107 051 011	
Suburb:		State:	SELECT FROM LIST BELOW	
No:	Street:	Lot & DP:	OF LEAT EDOM LIST SELECT	
Suburb:		State:	SELECT FROM LIST BELOW	

If insufficient space, please attach a schedule to this form.



Please tick if adding an attachment

DISCLOSURE OF INTERESTS

B SOURCES OF INCOME					
A TIP: Only provide information when	nere the amount of inc	ome from an	occupation, a Trust or otl	her source, ex	ceeded \$500.
SOURCES OF MY INCOME (sources, not amounts, of income)	IE FROM AN OC ome I received from	CUPATIO n my Occupa	N(S) ation(s) at any time du	ring the Retu	rn Period)
Position Held e.g. Labourer, Cadet, Project Officer, Manager, etc. Development Planner (Systems)	Name and Address of Employer or Description of Office held (if applicable) If self employed include business name & business address CLARENCE VALLEY COUNCIL 2 Prince Street GRAFTON NSW 2460				
2 SOURCES OF MY INCOM (sources of income, not amount If you have Nothing to Declar e, select	ınts, I received from	n a Trust du			NIL
NAME AND ADDRESS OF SETTLOR NAME AND ADDRESS OF SETTLOR NAME AND ADDRESS OF TRUSTEE NAME AND ADDRESS OF TRUSTEE					DF TRUSTEE
3 OTHER SOURCES OF M' (SOURCES of other income, no TIPS: a Other Sources of Income b You must include a desc which, that income was a	e may include income eription sufficient to ide	from rental p	roperty, investments, bus	iness activities	, welfare payments; whom, or the circumstances in
If you have Nothing to Declare, select	the word 'Nil' in the	adjacent Bo	ox ⊃		NIL
C GIFTS					
A TIP: Only include description of	a single gift or multiple	e gifts from th	e same donor, the total v	alue of which e	exceeded \$500
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section D					
If you declare a gift \bigcirc then you MUS on Council's Intranet	T also complete a 0	Gifts and Be	nefits Declaration Forr	m in the Cour	ncillors Dropbox or located
DESCRIPTION OF EACH GIFT RECEIVE TIME DURING THE RETURN I	NAME AND ADDRESS OF GIFT DONOR				

D CONTRIBUTIONS TO TRAVEL

DISCLOSURE OF INTERESTS

A TIP: Do not include payments by Council for you	r work-related travel				
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section E					
NAME AND ADDRESS OF EACH PERSON WHO MADI GREATER THAN \$250 FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVEL UNDERTAKEN BY M DURING THE RETURN PERIOD	₹		NAME OF STATES, TERRITORIE OF THE COMMONWEALTH AND OTHER COUNTRIES IN WHICH TRAVEL WAS UNDERTAKEN		
			1		
E INTERESTS AND POSITIONS II	N CORPORATIO	NS			
TIPS: (i) Declare only if your shareholding was guined (not Shareholder) you held in a Corporation (included Corporation or the position was a paid position					
If you have Nothing to Declare, select the word 'Nil' in and move to Section F	n the adjacent Box	•	NIL		
If you declare a Position U you held in a Corporatio Interests Disclosure Form in the Councillors Dropbox			u MUST complete a Conflict of		
NAME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION AT ANY TIME DURING THE RETURN PERIOD	AN INTEREST OR HELD A POSITION (IF ANY) POSITION (IF ANY)			N Y)	
F POSITIONS IN TRADE UNIONS	OR PROFESSIO	NAL OR B	USINESS ASSOCIATIO	NS	
A TIP: Do not include general membership but incl	lude details of any positions	held whether remu	unerated or not		
If you have Nothing to Declare, select the word 'Nil' in and move to Section G	Refer Below				
NAME OF EACH TRADE UNION AND EACH PROFESSIONAL OR BUSINESS ASSOCIATION IN WHICH I HELD ANY POSITION (WHETHER REMUNERATED OR NOT) AT ANY TIME DURING THE RETURN PERIOD DESCRIPTION OF POSITION					
United Service Union			Member		



DISCLOSURE OF INTERESTS

G DEBTS					
	You do not need to provide information on (i) credit union or other financial institution such as				lative, bank, building
If you have N and move to	Nothing to Declare, select the word 'Nil' in the Section H	ne adjacent Box	\Rightarrow	N	IIL
NAME AND	ADDRESS OF EACH PERSON OR ORGANISA DURI	ATION (CREDITOR) TO WHO NG THE RETURN PERIOD	M I WAS LIAI	BLE TO PAY ANY DE	EBT AT ANY TIME
	NAME OF CREDITOR		ADDRES	SS OF CREDITOR	
H DISP	OSITIONS OF REAL PROPE	RTY			
of each the right the	You must disclose details: h disposal of real property since your last return ht to repurchase the property; h disposal of real property by other persons or end al includes — rant of a lease or licence for all or part of the lan- nortgage over your land, rant of easement over land by which you retain to asement or covenant of option by you) with (i) a asement or covenant over the land in favour of you on of an option to purchase land in favour of you; on by you of a charge over your land; er by you of an interest in your land to a Trustee er of land to your spouse or by your spouse to a fer of title of your land subject to you continuing to	ntities whereby you wholly or partities whereby you wholly or partition, he ability to use the land, lease or licence granted to you of a Trust of which you are a bathird party whereby you continuo receive a benefit, e.g. rent from	oartly obtained vou or a right peneficiary; the to occupy	d the use of the proper for you to repurchas	erty;
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section I					
Should you require more detailed explanation on the information to be provided in this Section, you should refer to Clauses 188(1) and 188(2) of the Local Government (General) Regulation 2005 or consult your solicitor					
RE	RTICULARS OF EACH DISPOSITIO TURN PERIOD AS A RESULT OF V D BENEFIT OF THE PROPERTY OF TE	VHICH I RETAINED, E	ITHER WH	HOLLY OR IN P	ART, THE USE
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
UN RE	RTICULARS OF EACH DISPOSITION DER ARRANGEMENTS MADE BY I TURN PERIOD, AS A RESULT OF I D BENEFIT OF THE PROPERTY	ME, BEING DISPOSITI	ONS MAD	E AT ANY TIM	E DURING THE
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

I DISCRETIONARY DISCLOSURES					
A TIP: To be completed if you wish to make any additional disclosures					
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and go to Sign and Date to complete this Return					

MY SIGNATURE:	Ø	
DATE SIGNED:		31/7/2019

NEXT STEPS:

- Ensure that wherever you had nothing to declare, that you have selected the word 'NIL' from the drop-drown lists.
- Print the form.
- Sign and date this page.
- Your form should then be forwarded to the Governance Coordinator at 2 Prince Street, Grafton

OPTIONAL STATUTORY DECLARATION:

Did you complete the optional Statutory Declaration on the next page?

If 'YES', make sure that you have listed the reasons for completing the form and then have your signature witnessed by a Justice of the Peace before submitting your Disclosure of Interest Form.





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

COMPLETION OF THE FOLLOWING STATUTORY DECLARATION IS OPTIONAL

The declaration should be completed only if you want to withhold your place of living from the version of your Return which is made available for public inspection. Reasons for withholding your place of living must be detailed in the declaration.

STATUTORY DECLARATION

Request for Protection of Privacy (place of living) Local Government Act 1993, Section 739

l,		
of		
in the State of New South Wales, do solemnly and sincerely dec	lare as follows –	
I request that my Annual Return of Disclosure of Interests and C inspection by or under the Local Government Act 1993 be prep disclose, or discloses, my place of living.		
I consider that the disclosure of my place of living would place, o my family, at risk for the reason(s) that –	or places, my personal safety, or the personal safety of me	embers of
LIST YOUR REASONS HERE -		
And I make this solemn declaration conscientiously belie the Oaths Act, 1900.	ving the same to be true and by virtue of the prov	isions of
Subscribed and declared at:		
This day of		
20	M. Cian atom	
	My Signature	
before me:		
1	a ID for NOW	
(Full name of JP)	_ a JP for NSW	_ certify
,	, ,	
(Tick a box that applies)		
1		
_	ne/she was wearing a face covering, but I am satis	sfied that
he/she had a special justification for not removing		
(Tick a box that applies)		
2 I have known the person for at least 12 months		
☐ I confirmed the person's identity with		
(Describe identification document relied on [PTO)		
(Signature of JP)	(Date)	





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR



★ NOTES FOR COMPLETING THE OPTIONAL STATUTORY DECLARATION

A person's identify can be confirmed with any one of the following approved identification documents, unless the document has expired or been cancelled. However, an Australian passport is acceptable if it expired no more than 2 years ago -

- a driver's licence or permit with a photograph, whether issued in Australia or another country
- a NSW photo card issued under Photo Card Act 2005
- an Australian proof of age card which contains the person's photograph
- an Australian passport (either current or expired less than 2 years ago)
- a passport or similar document with the person's photograph and signature issued by another country or by the United Nations
- a national identity card with the person's photograph and signature issued by another country or the United Nations (with an English language translation if not in English)
- an Australian citizenship certificate
- a foreign citizenship certificate (with an English language translation if not in English)
- a birth certificate or birth extract, whether issued in Australia, another country or by the United Nations (with an English language translation if not in English)
- a Centrelink pension card
- a credit card or passbook
- an account from a bank, building society or credit union, or statement of account up to one year old
- a Medicare card, pension concession card, Department of Veteran's Affairs entitlement card or other entitlement card issued by the Federal or any State Government
- an electoral enrolment card or other evidence of enrolment as an elector up to 2 years old, or
- a student identity card, or a certificate or statement of enrolment up to 2 years old from an educational institution

A copy of an identification document is acceptable if certified as a true copy by:

- any justice of the peace,
- notary public,
- commissioner of the court for taking affidavits,
- Australian legal practitioner authorised to take and receive any affidavit,
- the NSW Registrar-General,
- a Deputy Registrar-General,
- or other person by law authorised to administer an oath.

The certifier and the witness cannot be the same person.



MY FULL NAME

DISCLOSURE OF INTERESTS

SURNAME: MORRISON

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

For further information please read the Office of Local Government's Self help guide for completion of returns

GIVEN NAME: DAVID

Ensure that wherever you have nothing to declare, that you have selected the word 'NIL' from the drop-drown lists.

	RETURN PERIOD: 1	JULY 2018 TO 30 JUNE	2019
A REAL	PROPERTY	1967 (1967) 1967 (1967) 1967 (1967)	and the second
Australia	You must include: (i) either the postal addres that you had an interest in at any time during the ary, Occupier or Other	sses OR particulars of title, i.e. Lot ar Return Period; (ii) the Nature of your	nd DP (or SP) of properties anywhere in Interest, i.e. Owner, Part Owner, Lessee,
Address of ea Return Period	ch parcel of real property in which I had an	n interest at any time during the	Nature of my Interest: Select from the drop-down list
MY PLACE(S	6) OF RESIDENCE:	og bysocion each Tan Leew datie.	ales, a telepid geograp, a contra est acida.
No:	Street:	Lot & DP:	Part Owner
Suburb: Corino	li Beach	State: NSW	
No:	Street:	Lot & DP:	SELECT FROM LIST BELOW
Suburb:		State:	
OTHER REA	L PROPERTY POSTAL ADDRESS DE	TAILS:	and operating well as the first of the party of the control of the
No:	Street:	Lot & DP:	
Suburb: Grafto	n	State: NSW	Part Owner
No:	Street:	Lot & DP:	
Suburb:	4 2 2	State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	
Suburb:		State:	SELECT FROM LIST BELOW

clarence

Please tick if adding an attachment \square

DISCLOSURE OF INTERESTS

D CONTRIBUTIONS TO TRAVEL			
A TIP: Do not include payments by Council for yo	our work-related travel		
If you have Nothing to Declare, select the word 'Nil' and move to Section E	in the adjacent Box	3	NIL
NAME AND ADDRESS OF EACH PERSON WHO MAI GREATER THAN \$250 FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVEL UNDERTAKEN BY DURING THE RETURN PERIOD	GREATER THAN \$250 FINANCIAL OR OTHER ITRIBUTION TO ANY TRAVEL UNDERTAKEN BY ME DATES TRAVEL WAS		NAME OF STATES, TERRITORIES OF THE COMMONWEALTH AND OTHER COUNTRIES IN WHICH TRAVEL WAS UNDERTAKEN
E INTERESTS AND POSITIONS TIPS: (i) Declare only if your shareholding was (not Shareholder) you held in a Corporation (inclu Corporation or the position was a paid position	greater than 10% of voting r	ights in the corporati	ion (ii) You must declare any position whether or not you held shares in the
If you have Nothing to Declare, select the word 'Nil'	in the adjacent Box	3	NIL
f you declare a Position U you held in a Corporatinterests Disclosure Form in the Councillors Dropbo	on that had a relationship ox or located on Council's	with Council, you l Intranet	MUST complete a Conflict of
NAME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION AT ANY TIME DURING THE RETURN PERIOD	HAD AN INTEREST OR HELD A POSITION (IF ANY) FIGURE COM		IY) PRINCIPAL OBJECTS OF
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		100000000000000000000000000000000000000	
F POSITIONS IN TRADE UNIONS			
A TIP: Do not include general membership but in f you have Nothing to Declare, select the word 'Nil' and move to Section G		held whether remun	NIL
NAME OF EACH TRADE UNION AND EACH PROFE IN WHICH I HELD ANY POSITION (WHETH AT ANY TIME DURING THE	HER REMUNERATED OR N		DESCRIPTION OF POSITION
	Principal Company		

DISCLOSURE OF INTERESTS

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

I DISCRETIONARY DISCLOSURES					
A TIP: To be completed if you wish to make any add	ditional disclosures				
If you have Nothing to Declare, select the word 'Nil' in the adjace and go to Sign and Date to complete this Return	eent Box NIL				

The self-self self-self-self-self-self-self-self-self-		panari magamatan da a
MY SIGNATURE:	Z	tiving and the state of the sta
DATE SIGNED:	3 JULY 2019	LIST YOUR SERVICES HORS -

NEXT STEPS:

- Ensure that wherever you had nothing to declare, that you have selected the word 'NIL' from the dropdrown lists.
- Print the form.
- Sign and date this page.
- Your form should then be forwarded to the Governance Coordinator at 2 Prince Street, Grafton

OPTIONAL STATUTORY DECLARATION:

Did you complete the optional Statutory Declaration on the next page?

If '**YES**', make sure that you have listed the reasons for completing the form and then have your signature witnessed by a Justice of the Peace before submitting your Disclosure of Interest Form.

DISCLOSURE OF INTERESTS

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

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NOTES FOR COMPLETING THE OPTIONAL STATUTORY DECLARATION

A person's identity can be confirmed with any one of the following approved identification documents, unless the document has expired or been cancelled. However, an Australian passport is acceptable if it expired no more than 2 years ago –

- a driver's licence or permit with a photograph, whether issued in Australia or another country
- a NSW photo card issued under Photo Card Act 2005
- an Australian proof of age card which contains the person's photograph
- an Australian passport (either current or expired less than 2 years ago)
- a passport or similar document with the person's photograph and signature issued by another country or by the United Nations
- a national identity card with the person's photograph and signature issued by another country or the United Nations (with an English language translation if not in English)
- an Australian citizenship certificate
- a foreign citizenship certificate (with an English language translation if not in English)
- a birth certificate or birth extract, whether issued in Australia, another country or by the United Nations (with an English language translation if not in English)
- · a Centrelink pension card
- a credit card or passbook
- an account from a bank, building society or credit union, or statement of account up to one year old
- a Medicare card, pension concession card, Department of Veteran's Affairs entitlement card or other entitlement card issued by the Federal or any State Government
- an electoral enrolment card or other evidence of enrolment as an elector up to 2 years old, or
- a student identity card, or a certificate or statement of enrolment up to 2 years old from an educational institution

A copy of an identification document is acceptable if certified as a true copy by:

- any justice of the peace,
- notary public,
- · commissioner of the court for taking affidavits,
- · Australian legal practitioner authorised to take and receive any affidavit,
- the NSW Registrar-General,
- · a Deputy Registrar-General,
- or other person by law authorised to administer an oath.

The certifier and the witness cannot be the same person.



MY FULL NAME

DISCLOSURE OF INTERESTS

SURNAME: Schroder

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

For further information please read the Office of Local Government's Self help guide for completion of returns

GIVEN NAME: DES

Ensure that wherever you have nothing to declare, that you have selected the word 'NIL' from the drop-drown lists.

RETURN PERIOD. 1 JULY 2016 TO 30 JUNE 2019					
PROPERTY					
ch parcel of real property in which I had an	interest at any time during the	Nature of my Interest: Select from the drop-down list			
S) OF RESIDENCE:					
Street:	Lot & DP	Owner			
afton	State: NSW				
Street:	Lot & DP:	SELECT FROM LIST BELOW			
	State:				
L PROPERTY POSTAL ADDRESS DE	TAILS:				
Street:	Lot & DP:				
Brisbane	State: QLD	Owner			
Street:	Lot & DP:	Part Ourses			
roo Point	State: QLD	Part Owner			
Street:	Lot & DP:	CELECT EDOM LICT DELOW			
	State:	SELECT FROM LIST BELOW			
Street:	Lot & DP:	OF LEAT EDOM LIOT DELOW			
	State:	SELECT FROM LIST BELOW			
Street:	Lot & DP:				
	State:	SELECT FROM LIST BELOW			
Street:	Lot & DP:	051 507 5D0M 107 551 6			
	State:	SELECT FROM LIST BELOW			
	PROPERTY You must include: (i) either the postal address that you had an interest in at any time during the ary, Occupier or Other ch parcel of real property in which I had an art to parcel of real property in which I had an after the art to parcel of real property in which I had an after the parcel of real property in which I had an after the parcel of real property in which I had an after the parcel of real property in which I had an after the parcel of real property in which I had an art to parcel of real property in which I had art to parcel of real property in wh	PROPERTY You must include: (i) either the postal addresses OR particulars of title, i.e. Lot at that you had an interest in at any time during the Return Period; (ii) the Nature of your ary, Occupier or Other ch parcel of real property in which I had an interest at any time during the charged of real property in which I had an interest at any time during the charged of real property in which I had an interest at any time during the charged of real property in which I had an interest at any time during the charged of real property in which I had an interest at any time during the charged of real property in which I had an interest at any time during the charged of real property in which I had an interest at any time during the charged of real property in which I had an interest at any time during the charged of real property in which I had an interest at any time during the charged of real property in which I had an interest at any time during the charged of real property in which I had an interest at any time during the charged of real property in which I had an interest at any time during the charged of real property in which I had an interest at any time during the charged of real property in which I had an interest at any time during the charged of real property in which I had an interest at any time during the charged of real property in which I had an interest at any time during the charged of real property in which I had an interest at any time during the charged of real property in which I had an interest at any time during the charged of real property in which I had an interest at any time during the charged of real property in which I had an interest at any time during the charged of real property in which I had an interest at any time during the charged of real property in which I had an interest at any time during the charged of real property in which I had an interest at any time during the charged of real property in which I had an interest at any time during the charged of real property in which			

If insufficient space, please attach a schedule to this form.



Please tick if adding an attachment

DISCLOSURE OF INTERESTS

B SOURCES OF INCOME					
A TIP: Only provide information where the amount of income from an occupation, a Trust or other source, exceeded \$500.					
SOURCES OF MY INCOM (sources, not amounts, of income)		ATION(S) Occupation(s) at any time during	g the Return Period)		
Position Held e.g. Labourer, Cadet, Project Officer, Manager, etc.	Name and Address of Employer or Description of Office held (if applicable) If self employed include business name & business address CLARENCE VALLEY COUNCIL Name of Partnership (if applicable)				
	2 Prince Street GRAFTON NSW 2460				
SOURCES OF MY INCOM (sources of income, not amount)		ust during the Return Period)			
If you have Nothing to Declar e, select	the word 'Nil' in the adja	cent Box	Select option from this list		
NAME AND ADDRESS C A TIP: The 'Settlor' is the name of a		NAME AND AL	DDRESS OF TRUSTEE		
3 OTHER SOURCES OF M (sources of other income, no		any time during the Return Pen	iod)		
•	cription sufficient to identify t	ental property, investments, busine the person, property or business ac	ess activities, welfare payments; ctivity from whom, or the circumstances in		
If you have Nothing to Declare, select	the word 'Nil' in the adjac	cent Box	Refer Below		
Rental Income Kar	ngaroo point	Rental Income	Stafford		
SSS super fund pension					
C GIFTS					
A TIP: Only include description of a single gift or multiple gifts from the same donor, the total value of which exceeded \$500					
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section D					
If you declare a gift then you MUS on Council's Intranet	T also complete a Gifts a	and Benefits Declaration Form i	n the Councillors Dropbox or located		
DESCRIPTION OF EACH GIFT RECEIVE TIME DURING THE RETURN		NAME AND ADDRE	ESS OF GIFT DONOR		



D

CONTRIBUTIONS TO TRAVEL

DISCLOSURE OF INTERESTS

A TIP: Do not include payments by Council for yo	ur work-related travel			
If you have Nothing to Declare, select the word 'Nil' and move to Section E	in the adjacent Box	>	NIL	
GREATER THAN \$250 FINANCIAL OR OTHER	CONTRIBUTION TO ANY TRAVEL UNDERTAKEN BY ME DATES TRAVEL WAS			, TERRITORIES IWEALTH AND IES IN WHICH NDERTAKEN
E INTERESTS AND POSITIONS	IN CORPORATIO	NS		
TIPS: (i) Declare only if your shareholding was generated (not Shareholder) you held in a Corporation (include Corporation or the position was a paid position	greater than 10% of voting r ding not-for-profit corporatio	ights in the corpora n) such as Director	ion (ii) You must de , whether or not you h	clare any position neld shares in the
If you have Nothing to Declare, select the word 'Nil' and move to Section F	in the adjacent Box	•	NIL	
If you declare a Position U you held in a Corporation Interests Disclosure Form in the Councillors Dropbo			MUST complete a C	Conflict of
NAME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION AT ANY TIME DURING THE RETURN PERIOD NATURE OF INTEREST POSITION (IF ANY) (IF ANY			NY) CORPORATI	OBJECTS OF ON (EXCEPT IN TED COMPANY)
F POSITIONS IN TRADE UNIONS	OR PROFESSIO	NAL OR BU	ISINESS ASS	OCIATIONS
A TIP: Do not include general membership but inc	clude details of any positions	held whether remu	nerated or not	
If you have Nothing to Declare, select the word 'Nil' and move to Section G	in the adjacent Box	•	NIL	
NAME OF EACH TRADE UNION AND EACH PROFE IN WHICH I HELD ANY POSITION (WHETH AT ANY TIME DURING THE I	HER REMUNERATED OR N		DESCRIPTION O	F POSITION



DISCLOSURE OF INTERESTS

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

2016 - 2019	

G DEBTS	
A TIP: You do not need to provide information on (i) the amou society, credit union or other financial institution such as for your he	unts; (ii) debts for less than \$500; (iii) debts to any relative, bank, building ome mortgage, credit card or department store
If you have Nothing to Declare, select the word 'Nil' in the adjace and move to Section H	ent Box Refer Below
	REDITOR) TO WHOM I WAS LIABLE TO PAY ANY DEBT AT ANY TIME RETURN PERIOD
NAME OF CREDITOR	ADDRESS OF CREDITOR
Commonwealth Bank Grafton Mortgages Investment Properties	Prince Street Grafton

H DISPOSITIONS OF REAL PROPERTY

TIPS: You must disclose details:

- of each disposal of real property since your last return was made by which you wholly or partly retained the use or benefit of the property or the right to repurchase the property;
- of each disposal of real property by other persons or entities whereby you wholly or partly obtained the use of the property;
- disposal includes
 - o grant of a lease or licence for all or part of the land,
 - mortgage over your land,
 - grant of easement over land by which you retain the ability to use the land,
 - o sale of land (or grant of option by you) with (i) a lease or licence granted to you or a right for you to repurchase the land, (ii) or an easement or covenant over the land in favour of you
- · creation of an option to purchase land in favour of you;
- creation by you of a charge over your land;
- transfer by you of an interest in your land to a Trustee of a Trust of which you are a beneficiary;
- · transfer of land to your spouse or by your spouse to a third party whereby you continue to occupy the land;
- · transfer of title of your land subject to you continuing to receive a benefit, e.g. rent from the land.

If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section I	NIL

Should you require more detailed explanation on the information to be provided in this Section, you should refer to Clauses 188(1) and 188(2) of the Local Government (General) Regulation 2005 or consult your solicitor

1 PARTICULARS OF EACH DISPOSITION OF REAL PROPERTY BY ME AT ANY TIME DURING THE RETURN PERIOD AS A RESULT OF WHICH I RETAINED, EITHER WHOLLY OR IN PART, THE USE AND BENEFIT OF THE PROPERTY OR THE RIGHT TO REACQUIRE THE PROPERTY AT A LATER DATE

No:	Street:	Lot & DP:	Suburb:	State:
No:	Street:	Lot & DP:	Suburb:	State:
No:	Street:	Lot & DP:	Suburb:	State:

2 PARTICULARS OF EACH DISPOSITION OF REAL PROPERTY TO A PERSON BY ANOTHER PERSON UNDER ARRANGEMENTS MADE BY ME, BEING DISPOSITIONS MADE AT ANY TIME DURING THE RETURN PERIOD, AS A RESULT OF WHICH I OBTAINED EITHER WHOLLY OR IN PART, THE USE AND BENEFIT OF THE PROPERTY

No:	Street:	Lot & DP:	Suburb:	State:
No:	Street:	Lot & DP:	Suburb:	State:
No:	Street:	Lot & DP:	Suburb:	State:





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

I DISCRETIONARY DISCLOSURES					
A TIP: To be completed if you wish to make any additional disclosures					
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and go to Sign and Date to complete this Return Select option from this list					

MY SIGNATURE:





DATE SIGNED:

29/7/2019

NEXT STEPS:

- Ensure that wherever you had nothing to declare, that you have selected the word 'NIL' from the dropdrown lists.
- Print the form.
- Sign and date this page.
- Your form should then be forwarded to the Governance Coordinator at 2 Prince Street, Grafton

OPTIONAL STATUTORY DECLARATION:

Did you complete the optional Statutory Declaration on the next page?

If 'YES', make sure that you have listed the reasons for completing the form and then have your signature witnessed by a Justice of the Peace before submitting your Disclosure of Interest Form.





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

COMPLETION OF THE FOLLOWING STATUTORY DECLARATION IS OPTIONAL

The declaration should be completed only if you want to withhold your place of living from the version of your Return which is made available for public inspection. Reasons for withholding your place of living must be detailed in the declaration.

STATUTORY DECLARATION

Request for Protection of Privacy (place of living) Local Government Act 1993, Section 739

in the State of New South Wales, do solemnly and sincerely declare as follows — I request that my Annual Return of Disclosure of Interests and Other Matters that is available, or is to be made available, for public inspection by or under the Local Government Act 1993 be prepared or amended so as to omit or remove any matter that would disclose, or discloses, my place of living. I consider that the disclosure of my place of living would place, or places, my personal safety, or the personal safety of members of my family, at risk for the reason(s) that	1	
In the State of New South Wales, do solemnly and sincerely declare as follows — I request that my Annual Return of Disclosure of Interests and Other Matters that is available, or is to be made available, for public inspection by or under the Local Government Act 1993 be prepared or amended so as to omit or remove any matter that would disclose, or discloses, my place of living. I consider that the disclosure of my place of living would place, or places, my personal safety, or the personal safety of members of my family, at risk for the reason(s) that— LIST YOUR REASONS HERE— And I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Oaths Act, 1900. Subscribed and declared at:		
I request that my Annual Return of Disclosure of Interests and Other Matters that is available, or is to be made available, for public inspection by or under the Local Government Act 1993 be prepared or amended so as to omit or remove any matter that would disclose, or discloses, my place of living. I consider that the disclosure of my place of living would place, or places, my personal safety, or the personal safety of members of my family, at risk for the reason(s) that.— And I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Oaths Act, 1900. Subscribed and declared at: This		
inspection by or under the Local Government Act 1993 be prepared or amended so as to omit or remove any matter that would disclose, or discloses, my place of living. I consider that the disclosure of my place of living would place, or places, my personal safety, or the personal safety of members of my family, at risk for the reason(s) that. And I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Oaths Act, 1900. Subscribed and declared at: This	in the State of New South Wales, do solemnly and sincerely dec	clare as follows –
And I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Oaths Act, 1900. Subscribed and declared at:	inspection by or under the Local Government Act 1993 be pre	
And I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Oaths Act, 1900. Subscribed and declared at:		or places, my personal safety, or the personal safety of members of
the Oaths Act, 1900. Subscribed and declared at:	LIST YOUR REASONS HERE -	
the Oaths Act, 1900. Subscribed and declared at:		
the Oaths Act, 1900. Subscribed and declared at:		
the Oaths Act, 1900. Subscribed and declared at:		
the Oaths Act, 1900. Subscribed and declared at:		
This		eving the same to be true and by virtue of the provisions of
20 My Signature before me: I, a JP for NSW certify (Full name of JP) (JP Registration Number) (Tick a box that applies) 1	Subscribed and declared at:	
20 My Signature before me: I, a JP for NSW certify (Full name of JP) (JP Registration Number) (Tick a box that applies) 1	This day of	
before me: I,		
I,	20	My Signature
I,	hefore me	
(Tick a box that applies) 1		
1 ☐ I saw the face of the declarant ☐ I did not see the face of the declarant because he/she was wearing a face covering, but I am satisfied that he/she had a special justification for not removing it, and (Tick a box that applies) 2 ☐ I have known the person for at least 12 months ☐ I confirmed the person's identity with	I,(Full name of JP)	_ a JP for NSW certify (JP Registration Number)
1 ☐ I saw the face of the declarant ☐ I did not see the face of the declarant because he/she was wearing a face covering, but I am satisfied that he/she had a special justification for not removing it, and (Tick a box that applies) 2 ☐ I have known the person for at least 12 months ☐ I confirmed the person's identity with	, ,	,
☐ I did not see the face of the declarant because he/she was wearing a face covering, but I am satisfied that he/she had a special justification for not removing it, and (Tick a box that applies) 2 ☐ I have known the person for at least 12 months ☐ I confirmed the person's identity with	(Tick a box that applies)	
he/she had a special justification for not removing it, and (Tick a box that applies) 1 have known the person for at least 12 months 1 confirmed the person's identity with (Describe identification document relied on [PTO)	1	
(Tick a box that applies) 2		
I have known the person for at least 12 months I confirmed the person's identity with (Describe identification document relied on [PTO)		it, and
☐ I confirmed the person's identity with(Describe identification document relied on [PTO)	· _	
(Describe identification document relied on [PTO)	<u> </u>	
(Signature of JP) (Date)		(Describe identification document relied on [PTO)
(Signature of JP) (Date)		
	(Signature of JP)	(Date)





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR



近 NOTES FOR COMPLETING THE OPTIONAL STATUTORY DECLARATION

A person's identify can be confirmed with any one of the following approved identification documents, unless the document has expired or been cancelled. However, an Australian passport is acceptable if it expired no more than 2 years ago -

- a driver's licence or permit with a photograph, whether issued in Australia or another country
- a NSW photo card issued under Photo Card Act 2005
- an Australian proof of age card which contains the person's photograph
- an Australian passport (either current or expired less than 2 years ago)
- a passport or similar document with the person's photograph and signature issued by another country or by the United Nations
- a national identity card with the person's photograph and signature issued by another country or the United Nations (with an English language translation if not in English)
- an Australian citizenship certificate
- a foreign citizenship certificate (with an English language translation if not in English)
- a birth certificate or birth extract, whether issued in Australia, another country or by the United Nations (with an English language translation if not in English)
- a Centrelink pension card
- a credit card or passbook
- an account from a bank, building society or credit union, or statement of account up to one year old
- a Medicare card, pension concession card, Department of Veteran's Affairs entitlement card or other entitlement card issued by the Federal or any State Government
- an electoral enrolment card or other evidence of enrolment as an elector up to 2 years old, or
- a student identity card, or a certificate or statement of enrolment up to 2 years old from an educational institution

A copy of an identification document is acceptable if certified as a true copy by:

- any justice of the peace,
- notary public,
- commissioner of the court for taking affidavits,
- Australian legal practitioner authorised to take and receive any affidavit,
- the NSW Registrar-General,
- a Deputy Registrar-General,
- or other person by law authorised to administer an oath.

The certifier and the witness cannot be the same person.





MY FULL NAME

DISCLOSURE OF INTERESTS

SURNAME: MASHIAH

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

For further information please read the Office of Local Government's Self help guide for completion of returns

GIVEN NAME: GREGORY

PHILLIP

Ensure that wherever you have nothing to declare, that you have selected the word 'NIL' from the drop-drown lists.

	RETURN PERIOD. 1	JULT 2010 10 30 JUNE	2019
A REAL	PROPERTY		
Australia	You must include: (i) either the postal addres that you had an interest in at any time during the ary, Occupier or Other		
Address of eac Return Period	ch parcel of real property in which I had an	interest at any time during the	Nature of my Interest: Select from the drop-down list
MY PLACE(S	S) OF RESIDENCE:		
No:	Street:	Lot & DP:	SELECT FROM LIST BELOW
Suburb: Macle	an	State: NSW	
No:	Street:	Lot & DP:	SELECT FROM LIST BELOW
Suburb:		State:	
OTHER REA	L PROPERTY POSTAL ADDRESS DE	TAILS:	
No:	Street:	Lot & DP:	OF LEGT EDOM LIGT BELOW
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	OF LEGT EDOM LIGT DELOW
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	OF LEGT EDOM LIGT BELOW
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	
Suburb:			SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	051505500000000000000000000000000000000
Suburb:		State:	SELECT FROM LIST BELOW



DISCLOSURE OF INTERESTS

B SOU	B SOURCES OF INCOME					
淡 A TIP	Only provide information w	here the amount of inc	come from	m an occupation, a Trus	st or other source, e	exceeded \$500.
	OURCES OF MY INCOM urces, not amounts, of inc				me during the Re	turn Period)
	Position Held Cadet, Project Officer, Manager, etc.	Descrip	otion of	ddress of Employer of Office held (if applications)	ible)	Name of Partnership (if applicable)
Manager Wa	ater Cycle	CLARENCE VALL 2 Prince Street GRAFTON NSW		UNCIL		
(so	OURCES OF MY INCOM	unts, I received fron	n a Trus		Period)	NII
	Nothing to Declar e, select		e adjace	ent Box 🚽		NIL
S = 2	NAME AND ADDRESS C		st	NAME	AND ADDRESS	OF TRUSTEE
(SO	THER SOURCES OF M urces of other income, no		ed at an	y time during the Re	turn Period)	
近TIPS:		cription sufficient to ide				es, welfare payments; n whom, or the circumstances in
If you have I	Nothing to Declare, select	the word 'Nil' in the	adjace	nt Box		NIL
C GIFTS						
A TIP: Only include description of a single gift or multiple gifts from the same donor, the total value of which exceeded \$500						
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section D						
If you declare a gift then you MUST also complete a Gifts and Benefits Declaration Form in the Councillors Dropbox or located on Council's Intranet						
DESCRIPTION OF EACH GIFT RECEIVED BY ME AT ANY TIME DURING THE RETURN PERIOD NAME AND ADDRESS OF GIFT DONOR						

DISCLOSURE OF INTERESTS

D CONTRIBUTIONS TO TRAVEL					
A TIP: Do not include payments by Council for your wor	k-related travel				
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section E					
NAME AND ADDRESS OF EACH PERSON WHO MADE GREATER THAN \$250 FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVEL UNDERTAKEN BY ME DURING THE RETURN PERIOD	NAME OF STATES, TERRITORIES OF THE COMMONWEALTH AND OTHER COUNTRIES IN WHICH TRAVEL WAS UNDERTAKEN				

	·		
E INTERESTS AND POSITIONS	IN CORPORATIO	NS	
TIPS: (i) Declare only if your shareholding was a (not Shareholder) you held in a Corporation (include Corporation or the position was a paid position	greater than 10% of voting r ding not-for-profit corporatio	ights in the corporat n) such as Director,	ion (ii) You must declare any position whether or not you held shares in the
If you have Nothing to Declare, select the word 'Nil' and move to Section F	in the adjacent Box	•	Refer Below
If you declare a Position U you held in a Corporation Interests Disclosure Form in the Councillors Dropbo			MUST complete a Conflict of
NAME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION AT ANY TIME DURING THE RETURN PERIOD	NATURE OF INTEREST (IF ANY) EG SHAREHOLDER	DESCRIPTION (POSITION (IF AN EG DIRECTOR, COMP. SECRETARY	PRINCIPAL OBJECTS OF
Pacific Valley Christian School Ltd, Edinburgh Drive, Townsend NSW	Director	Deputy Chairper	son School
Valley Hope School Ltd, Edinburgh Drive, Townsend, NSW	Director	Deputy Chairper	son School
Pacific Coast Christian School Ltd, Acacia St, Tweed Heads, NSW Director Director School			
Pacific Hope School Ltd, Acacia St, Tweed Heads, NSW	Director	Director	School
Yamba Iluka Uniting Church	Member Church Council	Congregation	Church
Little Scottish Town Youth Theatre Group Inc	Member	Committee mem	ber Youth theathre

F POSITIONS IN TRADE UNIONS OR PROFESSIONAL OR E	BUSINESS ASSOCIATIONS	
A TIP: Do not include general membership but include details of any positions held whether ren	nunerated or not	
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section G		
NAME OF EACH TRADE UNION AND EACH PROFESSIONAL OR BUSINESS ASSOCIATION IN WHICH I HELD ANY POSITION (WHETHER REMUNERATED OR NOT) AT ANY TIME DURING THE RETURN PERIOD	DESCRIPTION OF POSITION	
Engineers Australia	Member, Newcastle Division Northern Rivers Group Committee	



DISCLOSURE OF INTERESTS

G DEB	тѕ				
A TIP: society,	You do not need to provide information on (i) credit union or other financial institution such as	the amounts; (ii) debts for le	ess than \$500 lit card or dep	D; (iii) debts to any repartment store	lative, bank, building
If you have N and move to	lothing to Declare, select the word 'Nil' in th Section H	ne adjacent Box	•	N	IL
NAME AND	ADDRESS OF EACH PERSON OR ORGANISA DURI	ATION (CREDITOR) TO WHO NG THE RETURN PERIOD	M I WAS LIA	BLE TO PAY ANY DE	EBT AT ANY TIME
	NAME OF CREDITOR		ADDRE	SS OF CREDITOR	
					_
H DISP	OSITIONS OF REAL PROPE	RTY			
TIPS: You must disclose details: of each disposal of real property since your last return was made by which you wholly or partly retained the use or benefit of the property or the right to repurchase the property; of each disposal of real property by other persons or entities whereby you wholly or partly obtained the use of the property; disposal includes - ogrant of a lease or licence for all or part of the land, omortgage over your land, ogrant of easement over land by which you retain the ability to use the land, ogrant of easement over land by which you retain the ability to use the land, ogrant of easement over land by which you with (i) a lease or licence granted to you or a right for you to repurchase the land, (ii) or an easement or covenant over the land in favour of you creation of an option to purchase land in favour of you; creation by you of a charge over your land; transfer by you of an interest in your land to a Trustee of a Trust of which you are a beneficiary; transfer of land to your spouse or by your spouse to a third party whereby you continue to occupy the land; transfer of title of your land subject to you continuing to receive a benefit, e.g. rent from the land. If you have Nothing to Declare, select the word 'Nii' in the adjacent Box and move to Section I Should you require more detailed explanation on the information to be provided in this Section, you should refer to Clauses 188(1) and 188(2) of the Local Government (General) Regulation 2005 or consult your solicitor					
1 PARTICULARS OF EACH DISPOSITION OF REAL PROPERTY BY ME AT ANY TIME DURING THE RETURN PERIOD AS A RESULT OF WHICH I RETAINED, EITHER WHOLLY OR IN PART, THE USE AND BENEFIT OF THE PROPERTY OR THE RIGHT TO REACQUIRE THE PROPERTY AT A LATER DATE					
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
2 PARTICULARS OF EACH DISPOSITION OF REAL PROPERTY TO A PERSON BY ANOTHER PERSON UNDER ARRANGEMENTS MADE BY ME, BEING DISPOSITIONS MADE AT ANY TIME DURING THE RETURN PERIOD, AS A RESULT OF WHICH I OBTAINED EITHER WHOLLY OR IN PART, THE USE AND BENEFIT OF THE PROPERTY					
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

I DISCRETIONARY DISCLOSURES			
A TIP: To be completed if you wish to make any additional disclosures			
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and go to Sign and Date to complete this Return			
TELSTRA Shareholding			
NIB Shareholding			

MY SIGNATURE:	
DATE SIGNED:	05/08/2019

NEXT STEPS:

- Ensure that wherever you had nothing to declare, that you have selected the word 'NIL' from the dropdrown lists.
- Print the form.
- Sign and date this page.
- Your form should then be forwarded to the Governance Coordinator at 2 Prince Street, Grafton

OPTIONAL STATUTORY DECLARATION:

Did you complete the optional Statutory Declaration on the next page?

If 'YES', make sure that you have listed the reasons for completing the form and then have your signature witnessed by a Justice of the Peace before submitting your Disclosure of Interest Form.





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

COMPLETION OF THE FOLLOWING STATUTORY DECLARATION IS OPTIONAL

The declaration should be completed only if you want to withhold your place of living from the version of your Return which is made available for public inspection. Reasons for withholding your place of living must be detailed in the declaration.

STATUTORY DECLARATION

Request for Protection of Privacy (place of living) Local Government Act 1993, Section 739

I,	
of	
in the State of New South Wales, do solemnly and sincerely dec	lare as follows –
	Other Matters that is available, or is to be made available, for public pared or amended so as to omit or remove any matter that would
I consider that the disclosure of my place of living would place, of my family, at risk for the reason(s) that –	or places, my personal safety, or the personal safety of members of
LIST YOUR REASONS HERE -	
And I make this solemn declaration conscientiously belief the Oaths Act, 1900.	eving the same to be true and by virtue of the provisions of
Subscribed and declared at:	
Thisday of	
20	
	My Signature
before me:	
l,	_ a JP for NSW certify (JP Registration Number)
(Full name of JP)	(JP Registration Number)
(Tick a box that applies)	
1	
\square I did not see the face of the declarant because h	ne/she was wearing a face covering, but I am satisfied that
he/she had a special justification for not removing	it, and
 (Tick a box that applies) 2 ☐ I have known the person for at least 12 months 	
☐ I confirmed the person's identity with	
,	(Describe identification document relied on [PTO)
(Signature of JP)	(Date)





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR



NOTES FOR COMPLETING THE OPTIONAL STATUTORY DECLARATION

A person's identity can be confirmed with any one of the following approved identification documents, unless the document has expired or been cancelled. However, an Australian passport is acceptable if it expired no more than 2 years ago –

- a driver's licence or permit with a photograph, whether issued in Australia or another country
- a NSW photo card issued under Photo Card Act 2005
- an Australian proof of age card which contains the person's photograph
- an Australian passport (either current or expired less than 2 years ago)
- a passport or similar document with the person's photograph and signature issued by another country or by the United Nations
- a national identity card with the person's photograph and signature issued by another country or the United Nations (with an English language translation if not in English)
- an Australian citizenship certificate
- a foreign citizenship certificate (with an English language translation if not in English)
- a birth certificate or birth extract, whether issued in Australia, another country or by the United Nations (with an English language translation if not in English)
- · a Centrelink pension card
- a credit card or passbook
- an account from a bank, building society or credit union, or statement of account up to one year old
- a Medicare card, pension concession card, Department of Veteran's Affairs entitlement card or other entitlement card issued by the Federal or any State Government
- an electoral enrolment card or other evidence of enrolment as an elector up to 2 years old, or
- a student identity card, or a certificate or statement of enrolment up to 2 years old from an educational institution

A copy of an identification document is acceptable if certified as a true copy by:

- any justice of the peace,
- · notary public,
- · commissioner of the court for taking affidavits,
- · Australian legal practitioner authorised to take and receive any affidavit,
- the NSW Registrar-General,
- a Deputy Registrar-General,
- or other person by law authorised to administer an oath.

The certifier and the witness cannot be the same person.



MY FULL NAME

DISCLOSURE OF INTERESTS

SURNAME: MCCARTHY

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

For further information please read the Office of Local Government's Self help guide for completion of returns

GIVEN NAME: Gregory

Ensure that wherever you have nothing to declare, that you have selected the word 'NIL' from the drop-drown lists.

A TIP: You must include: (i) either the postal addresses OR particulars of title, i.e. Lot and DP (or SP) of properties anywhere in Audresse, Joecouper or Other Return Period. (ii) the Nature of your Interest, i.e. Owner, Part Owner, Lessee, Beneficiary, Occouper or Other Return Period. Address of each parcel of real property in which I had an interest at any time during the Return Period. MY PLACE(S) or RESIDENCE: No: Street: Lot & DP: Part Owner Suburb: State: NSW No: Street: Lot & DP: Part Owner Suburb: State: NSW No: Street: Lot & DP: Select FROM LIST BELOW Suburb: State: State: State: Select FROM LIST BELOW Suburb: State: Lot & DP: Select FROM LIST BE		RETURN PERIOD: 1	JULY 2018 TO 30 JUNE	2019
Address of each parcel of real property in which I had an interest at any time during the Return Period; (ii) the Nature of your Interest; i.e. Owner, Part Owner, Lessee, Beneficiary, Occupier or Other Address of each parcel of real property in which I had an interest at any time during the Return Period; MY PLACE(S) F RESIDENCE: No: Street: Lot & DP: Part Owner Suburb: State: Stat	A REAL	. PROPERTY	4965 - 1207 - 12	
Return Period the drop-down list MY PLACE(S) OF RESIDENCE: No: Street: Lot & DP: State: NSW Part Owner State: NSW No: Street: Lot & DP: State: OTHER REAL PROPERTY POSTAL ADDRESS DETAILS: No: Street: Lot & DP: State: No: Street: Lot & DP: State: No: Street: Lot & DP: State: SELECT FROM LIST BELOW SELECT FROM LIST BELOW SUburb: State: State: SELECT FROM LIST BELOW No: Street: Lot & DP: State: SELECT FROM LIST BELOW SOLDUTE: State: SELECT FROM LIST BELOW No: Street: Lot & DP: State: SELECT FROM LIST BELOW	Australi	a that you had an interest in at any time during the	sses OR particulars of title, i.e. Lot and Return Period; (ii) the Nature of your	nd DP (or SP) of properties anywhere in Interest, i.e. Owner, Part Owner, Lessee,
No: Street: Lot & DP: Part Owner Suburb: Graftor State: NSW State: NSW No: Street: Lot & DP: SELECT FROM LIST BELOW OTHER REAL PROPERTY POSTAL ADDRESS DETAILS: No: Street: Lot & DP: SELECT FROM LIST BELOW No: Street: Lot & DP: SELECT FROM LIST BELOW No: Street: Lot & DP: SELECT FROM LIST BELOW No: Street: Lot & DP: SELECT FROM LIST BELOW Suburb: State: SELECT FROM LIST BELOW	Address of ea Return Period	ach parcel of real property in which I had ar	n interest at any time during the	the drop-down list
Suburb: Graft or Suburb: Graft or Suburb: Graft or Suburb: Graft or Suburb: State: NSW Part Owner No: Street: State: NSW OTHER REAL PROPERTY POSTAL ADDRESS DETAILS: No: Street: Lot & DP: Suburb: State: SELECT FROM LIST BELOW Suburb: SELECT FROM LIST BELOW	MY PLACE	S) OF RESIDENCE:	and the same of a first troops and	N. A. O. D. C. C. C. B. C.
No: Street: Lot & DP: SELECT FROM LIST BELOW Suburb: SELECT FROM LIST BELOW No: Street: Lot & DP: Suburb: State: SELECT FROM LIST BELOW No: Street: Lot & DP: SELECT FROM LIST BELOW Suburb: State: SELECT FROM LIST BELOW No: Street: Lot & DP: SELECT FROM LIST BELOW No: Street: Lot & DP: SELECT FROM LIST BELOW Solution: SELECT FROM LIST BELOW No: Street: Colspan="4">SELECT FROM LIST BELOW No: Street: Colspan="4">SELECT FROM LIST BELOW	No:	Street:	Lot & DP:	Part Owner
State: SELECT FROM LIST BELOW OTHER REAL PROPERTY POSTAL ADDRESS DETAILS: No: Street: Lot & DP: SELECT FROM LIST BELOW Suburb: Street: Lot & DP: SELECT FROM LIST BELOW Suburb: Street: Lot & DP: SELECT FROM LIST BELOW Suburb: State: SELECT FROM LIST BELOW No: Street: Lot & DP: SELECT FROM LIST BELOW Suburb: State: SELECT FROM LIST BELOW No: Street: Lot & DP: SELECT FROM LIST BELOW Suburb: State: SELECT FROM LIST BELOW Suburb: State: SELECT FROM LIST BELOW	Suburb: Grafto	on .	State: NSW	
Suburb: State: OTHER REAL PROPERTY POSTAL ADDRESS DETAILS: No: Street: Lot & DP: SELECT FROM LIST BELOW Suburb: Street: Lot & DP: SELECT FROM LIST BELOW No: Street: Lot & DP: SELECT FROM LIST BELOW Suburb: State: State: No: Street: Lot & DP: SELECT FROM LIST BELOW Suburb: State: State: SELECT FROM LIST BELOW Suburb: State: SELECT FROM LIST BELOW No: Street: Lot & DP: SELECT FROM LIST BELOW Suburb: State: SELECT FROM LIST BELOW	No:	Street:	Lot & DP:	SELECT FROM LIST BELOW
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Suburb: State: No: Street: Lot & DP: State: State: No: Street: Lot & DP:	No:	Street:	Lot & DP:	
Select From List Below Suburb: Street: Lot & DP: Select From List Below Suburb: State: State: Select From List Below No: Street: Lot & DP: Select From List Below Suburb: State: Select From List Below No: Street: Lot & DP: Select From List Below	Suburb:	· · · · · · · · · · · · · · · · · · ·	State:	SELECT FROM LIST BELOW
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Suburb: State: No: Street: Lot & DP: Suburb: State: No: Street: Lot & DP: SELECT FROM LIST BELOW	No:	Street:	Lot & DP:	The Land Street Co.
Suburb: State: SELECT FROM LIST BELOW No: Street: Lot & DP: SELECT FROM LIST BELOW	Suburb:		State:	SELECT FROM LIST BELOW
Suburb: State: No: Street: Lot & DP: SELECT FROM LIST BELOW	No:	Street:	Lot & DP:	
SELECT FROM LIST BELOW	Suburb:		State:	SELECT FROM LIST BELOW
	No:	Street:	Lot & DP:	
	Suburb:		State:	SELECT FROM LIST BELOW

If insufficient space, please attach a schedule to this form.

clarence

Please tick if adding an attachment

DISCLOSURE OF INTERESTS

B SOURCES OF INCOM			
A TIP: Only provide information w	here the amount of incon	ne from an occupation, a Trust or other source,	exceeded \$500.
SOURCES OF MY INCOME (sources, not amounts, of income)	ME FROM AN OCC	UPATION(S) ny Occupation(s) at any time during the Re	etum Period)
Position Held e.g. Labourer, Cadet, Project Officer, Manager, etc.	Name a Description	and Address of Employer or on of Office held (if applicable) lude business name & business address	Name of Partnership (if applicable)
Building Surveyor	CLARENCE VALLEY 2 Prince Street GRAFTON NSW 24		
Election Official	NSW & Australian E	lectoral Commission	
	unts, I received from a	Trust during the Return Period)	NII.
If you have Nothing to Declar e, selec	ot the word 'Nil' in the a	adjacent Box	NIL
NAME AND ADDRESS (A TIP: The 'Settlor' is the name of		NAME AND ADDRES	S OF TRUSTEE
e a oturn counces of h	AV INCOME		
TIPS: a Other Sources of Incomb You must include a de	not amounts, I received ne may include income fr scription sufficient to ider	om rental property, investments, business activity the person, property or business activity fr	vities, welfare payments; om whom, or the circumstances i
(sources of other income, ro	not amounts, I received the may include income from scription sufficient to idents received.	om rental property, investments, business activity the person, property or business activity fr	vities, welfare payments; om whom, or the circumstances i
(sources of other income, r. TIPS: a Other Sources of Income b You must include a dewhich, that income was	not amounts, I received the may include income from scription sufficient to idents received.	om rental property, investments, business activity the person, property or business activity fr	om whom, or the circumstances i
(sources of other income, r. TIPS: a Other Sources of Income b You must include a dewhich, that income was	not amounts, I received the may include income from scription sufficient to idents received.	om rental property, investments, business activity the person, property or business activity fr	om whom, or the circumstances in
(sources of other income, records) TIPS: a Other Sources of Income by You must include a dear which, that income was lif you have Nothing to Declare, select	not amounts, I received the may include income from scription sufficient to identify a received. Set the word 'Nil' in the a	om rental property, investments, business activity the person, property or business activity fr	om whom, or the circumstances i
(sources of other income, recovery) TIPS: a Other Sources of Income by You must include a dewhich, that income was lift you have Nothing to Declare, selection of the company of the comp	ne may include income from the scription sufficient to identify the word 'Nil' in the action of a single gift or multiple	om rental property, investments, business activity the person, property or business activity fradjacent Box	om whom, or the circumstances i
(sources of other income, representation of the control of the con	ne may include income from the scription sufficient to identify the word 'Nil' in the action of a single gift or multiple of the word 'Nil' in the action of t	om rental property, investments, business activity the person, property or business activity fradjacent Box	NIL nich exceeded \$500 NIL
(sources of other income, representation of the sources of Income by You must include a dewhich, that income was lif you have Nothing to Declare, selection of the sources of Income was lif you have Nothing to Declare, selection of the source of the sourc	ne may include income from the may include income from the scription sufficient to identify the screen of a single gift or multiple of a single gift or multiple of the word 'Nil' in the additional street of the word 'Nil' in the additional	om rental property, investments, business activity the person, property or business activity fradjacent Box gifts from the same donor, the total value of what adjacent Box	NIL NIL NIL Councillors Dropbox or located
(sources of other income, report of the property of the proper	ne may include income from the may include income from the scription sufficient to identify the screen of a single gift or multiple of a single gift or multiple of the word 'Nil' in the additional street of the word 'Nil' in the additional	om rental property, investments, business activity the person, property or business activity fradjacent Box gifts from the same donor, the total value of what adjacent Box adjacent Box fifts and Benefits Declaration Form in the	NIL NIL NIL Councillors Dropbox or located

DISCLOSURE OF INTERESTS

D CONTRIBUTIONS TO TRAVEL	-				
A TIP: Do not include payments by Council for yo	our work-related travel				
If you have Nothing to Declare, select the word 'Nil' and move to Section E	in the adjacent Box		NIL		
NAME AND ADDRESS OF EACH PERSON WHO MAI GREATER THAN \$250 FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVEL UNDERTAKEN BY DURING THE RETURN PERIOD	NCIAL OR OTHER L UNDERTAKEN BY ME DATES TRAVEL WAS		TER THAN \$250 FINANCIAL OR OTHER TON TO ANY TRAVEL UNDERTAKEN BY ME DATES TRAVEL WAS		NAME OF STATES, TERRITORIES OF THE COMMONWEALTH AND OTHER COUNTRIES IN WHICH TRAVEL WAS UNDERTAKEN
E INTERESTS AND POSITIONS	IN CORPORATION	ONS			
TIPS: (i) Declare only if your shareholding was generated (not Shareholder) you held in a Corporation (included Corporation or the position was a paid position	greater than 10% of voting ding not-for-profit corporati	rights in the corporation on) such as Director, when the corporation is the corporation of the corporation o	(ii) You must declare any position nether or not you held shares in the		
If you have Nothing to Declare, select the word 'Nil' and move to Section F	in the adjacent Box		NIL		
If you declare a Position U you held in a Corporation Interests Disclosure Form in the Councillors Dropbo	on that had a relationship ox or located on <u>Council'</u> s	with Council, you MU Intranet	JST complete a Conflict of		
NAME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION AT ANY TIME DURING THE RETURN PERIOD	NATURE OF INTEREST (IF ANY) EG SHAREHOLDER	DESCRIPTION OF POSITION (IF ANY) EG DIRECTOR, COMPANY SECRETARY			
F POSITIONS IN TRADE UNIONS	OR PROFESSION	ONAL OR BUS	INESS ASSOCIATIONS		
A TIP: Do not include general membership but inc					
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section G			Refer Below		
NAME OF EACH TRADE UNION AND EACH PROFE IN WHICH I HELD ANY POSITION (WHETH AT ANY TIME DURING THE F	HER REMUNERATED OR N	ASSOCIATION NOT)	DESCRIPTION OF POSITION		
Development and Environmental Profession 106/118 Great North Rd Five Dock NSW 20					
	1,		*1 \$ 1 1 1 1 1 1 1		



DISCLOSURE OF INTERESTS

G DEBT	S			
A TIP:	You do not need to provide information redit union or other financial institution suc	on (i) the amounts; (ii) debt ch as for your home mortgag	s for less than \$500; (iii) on the contract of	debts to any relative, bank, building nt store
If you have N and move to	othing to Declare, select the word 'Nil Section H	' in the adjacent Box	Э	NIL
NAME AND	ADDRESS OF EACH PERSON OR ORGA	ANISATION (CREDITOR) TO DURING THE RETURN PEF	WHOM I WAS LIABLE T	O PAY ANY DEBT AT ANY TIME
	NAME OF CREDITOR		ADDRESS OF	CREDITOR
			*	
H DISP	OSITIONS OF REAL PRO	OPERTY		
o s e creatio creatio transfe transfe transfe	rant of easement over land by which you reale of land (or grant of option by you) with assement or covenant over the land in favor of an option to purchase land in favor on by you of a charge over your land; or by you of an interest in your land to a Treer of land to your spouse or by your spouser of title of your land subject to you continuation.	th (i) a lease or licence gran our of you of you; custee of a Trust of which you e to a third party whereby yo uing to receive a benefit, e.g	ted to you or a right for y are a beneficiary; u continue to occupy the l	
and move to		U Compation to be pro-	ided in this Section, vo	us should refer to Clauses 188(1)
Should you	require more detailed explanation on and 188(2) of the Local Gov	ernment (General) Regul	ation 2005 or consult yo	our solicitor
DE	RTICULARS OF EACH DISPOS TURN PERIOD AS A RESULT D BENEFIT OF THE PROPERT	OF WHICH I RETAIN	ED, EITHER WHOL O REACQUIRE THI	E PROPERTY AT A LATER
No:	Street:	Lot & DP:	Suburb:	State:
No:	Street:	Lot & DP:	Suburb:	State:
No:	Street:	Lot & DP:	Suburb:	State:
UN RE	RTICULARS OF EACH DISPOS IDER ARRANGEMENTS MADE TURN PERIOD, AS A RESULT ID BENEFIT OF THE PROPERT	BY ME, BEING DISF OF WHICH I OBTAIL	POSITIONS MADE A	AT ANY TIME DURING THE
No:	Street:	Lot & DP:	Suburb:	State:
No:	Street:	Lot & DP:	Suburb:	State:
No:	Street:	Lot & DP:	Suburb:	State:

DISCLOSURE OF INTERESTS

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

I DISCRETIONARY DISCLOSURES				
💢 A TIP: To be completed if you wish to make any additional disclosure	es			
you have Nothing to Declare, select the word 'Nil' in the adjacent Box and go to Sign and Date to complete this Return	•	NIL		
	8 * *			

MY SIGNATURE:		
DATE SIGNED:	3 JULY 2019	

NEXT STEPS:

- Ensure that wherever you had nothing to declare, that you have selected the word 'NIL' from the dropdrown lists.
- Print the form.
- Sign and date this page.
- Your form should then be forwarded to the Governance Coordinator at 2 Prince Street, Grafton

OPTIONAL STATUTORY DECLARATION:

Did you complete the optional Statutory Declaration on the next page?

If 'YES', make sure that you have listed the reasons for completing the form and then have your signature witnessed by a Justice of the Peace before submitting your Disclosure of Interest Form.





MY FULL NAME

DISCLOSURE OF INTERESTS

SURNAME: WILKINSON

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

For further information please read the Office of Local Government's Self help guide for completion of returns

GIVEN NAME: GREG

Ensure that wherever you have nothing to declare, that you have selected the word 'NIL' from the drop-drown lists.

RETURN PERIOD: 1 JULY 2018 TO 30 JUNE 2019 **REAL PROPERTY** A TIP: You must include: (i) either the postal addresses OR particulars of title, i.e. Lot and DP (or SP) of properties anywhere in Australia that you had an interest in at any time during the Return Period; (ii) the Nature of your Interest, i.e. Owner, Part Owner, Lessee, Beneficiary, Occupier or Other Address of each parcel of real property in which I had an interest at any time during the Nature of my Interest: Select from Return Period the drop-down list 0 MY PLACE(S) OF RESIDENCE: No: Street: Lot & DP: Owner Suburb: Arrawarra Headland State: NSW Street: Lot & DP: Nο. SELECT FROM LIST BELOW Suburb: State: OTHER REAL PROPERTY POSTAL ADDRESS DETAILS: Lot & DP: No: Street: SELECT FROM LIST BELOW Suburb: State: Lot & DP: No: Street: SELECT FROM LIST BELOW Suburb: State: Street: Lot & DP: No: SELECT FROM LIST BELOW Suburb: State: Lot & DP: Nο. Street: SELECT FROM LIST BELOW Suburb: State: No: Street: Lot & DP: SELECT FROM LIST BELOW Suburb: State: No: Street: Lot & DP: SELECT FROM LIST BELOW Suburb: State:

If insufficient space, please attach a schedule to this form.

clarence

Please tick if adding an attachment \square

DISCLOSURE OF INTERESTS

B SOURCES OF INCOME				
A TIP: Only provide information where the amount of income from an occupation, a Trust or other source, exceeded \$500.				
SOURCES OF MY INCOME (sources, not amounts, of income)			any time during the	Return Period)
Position Held e.g. Labourer, Cadet, Project Officer, Manager, etc.	Name and Address of Employer or Description of Office held (if applicable) If self employed include business name & business address Name of Partnership (if applicable)			(if applicable)
Catchment Management Officer	CLARENCE VALLEY 2 Prince Street GRAFTON NSW 24			
SOURCES OF MY INCOME (sources of income, not amount a			eturn Period)	
If you have Nothing to Declar e, select	the word 'Nil' in the ac	djacent Box	-	NIL
NAME AND ADDRESS C A TIP: The 'Settlor' is the name of a			NAME AND ADDRE	SS OF TRUSTEE
3 OTHER SOURCES OF M (sources of other income, no)		at any time during t	the Return Period)	
TIPS: a Other Sources of Incom	e may include income froi cription sufficient to identi	m rental property, inve	estments, business act	vities, welfare payments; rom whom, or the circumstances in
If you have Nothing to Declare, select	the word 'Nil' in the ad	ljacent Box	-	NIL
C GIFTS				
A TIP: Only include description of	a single gift or multiple gi	fts from the same don	or, the total value of w	nich exceeded \$500
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section D			NIL	
If you declare a gift then you MUS on Council's Intranet	T also complete a Gift	ts and Benefits Dec	laration Form in the	Councillors Dropbox or located
	DESCRIPTION OF EACH GIFT RECEIVED BY ME AT ANY TIME DURING THE RETURN PERIOD NAME AND ADDRESS OF GIFT DONOR			GIFT DONOR



CONTRIBUTIONS TO TRAVEL

DISCLOSURE OF INTERESTS

A TIP: Do not include payments by Council for yo	ur work-related travel			
If you have Nothing to Declare, select the word 'Nil' and move to Section E	in the adjacent Box	•		NIL
NAME AND ADDRESS OF EACH PERSON WHO MADE GREATER THAN \$250 FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVEL UNDERTAKEN BY ME DURING THE RETURN PERIOD DATES TRAVEL WAS UNDERTAKEN				ME OF STATES, TERRITORIES THE COMMONWEALTH AND THER COUNTRIES IN WHICH RAVEL WAS UNDERTAKEN
E INTERESTS AND POSITIONS	IN CORPORATION	NS		
TIPS: (i) Declare only if your shareholding was a (not Shareholder) you held in a Corporation (included Corporation or the position was a paid position	greater than 10% of voting r ding not-for-profit corporatio	ights in the corpora n) such as Directo	ation (ii r, wheth) You must declare any position er or not you held shares in the
If you have Nothing to Declare, select the word 'Nil' and move to Section F	in the adjacent Box	•		NIL
If you declare a Position U you held in a Corporation Interests Disclosure Form in the Councillors Dropbo			ı MUST	complete a Conflict of
NAME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION AT ANY TIME DURING THE RETURN PERIOD	NATURE OF INTEREST (IF ANY) EG SHAREHOLDER	DESCRIPTION POSITION (IF A EG DIRECTOR, COM SECRETARY	NY)	PRINCIPAL OBJECTS OF CORPORATION (EXCEPT IN CASE OF LISTED COMPANY)
F POSITIONS IN TRADE UNIONS	OR PROFESSIO	NAL OR B	USIN	ESS ASSOCIATIONS
A TIP: Do not include general membership but in	clude details of any positions	held whether remu	unerated	or not
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section G				Refer Below
NAME OF EACH TRADE UNION AND EACH PROFESSIONAL OR BUSINESS ASSOCIATION IN WHICH I HELD ANY POSITION (WHETHER REMUNERATED OR NOT) AT ANY TIME DURING THE RETURN PERIOD DESCRIPTION OF POSITION				
Development and Environmental Professionals' Ass	ociation		Delega	nte

DISCLOSURE OF INTERESTS

G DEB	тѕ				
	You do not need to provide information on (i) credit union or other financial institution such as				lative, bank, building
If you have N	Nothing to Declare, select the word 'Nil' in the Section H	ne adjacent Box	•	N	IL
NAME AND	ADDRESS OF EACH PERSON OR ORGANISA DURI	ATION (CREDITOR) TO WHO	M I WAS LIA	BLE TO PAY ANY DE	BT AT ANY TIME
	NAME OF CREDITOR		ADDRES	SS OF CREDITOR	
H DISP	OSITIONS OF REAL PROPE	RTY			
of eac the rig of eac dispos o g o n o g c reatic c transfe transfe	You must disclose details: h disposal of real property since your last return ht to repurchase the property; h disposal of real property by other persons or e lal includes — rant of a lease or licence for all or part of the lan- nortgage over your land, rant of easement over land by which you retain t ale of land (or grant of option by you) with (i) a lasement or covenant over the land in favour of y on of an option to purchase land in favour of you; on by you of a charge over your land; er by you of an interest in your land to a Trustee er of land to your spouse or by your spouse to a ler of title of your land subject to you continuing to lothing to Declare, select the word 'Nii' in the	ntities whereby you wholly or partities whereby you wholly or partition, he ability to use the land, lease or licence granted to you of a Trust of which you are a bathird party whereby you continuo receive a benefit, e.g. rent from	oartly obtained vou or a right peneficiary; ue to occupy	the use of the proper for you to repurchas the land;	erty; se the land, (ii) or an
and move to		ie aujaceni box		N	IL
Should you	require more detailed explanation on the int and 188(2) of the Local Governme				to Clauses 188(1)
RE'	RTICULARS OF EACH DISPOSITIO TURN PERIOD AS A RESULT OF V D BENEFIT OF THE PROPERTY OF TE	VHICH I RETAINED, E	ITHER WH	OLLY OR IN P	ART, THE USE
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
UN RE	RTICULARS OF EACH DISPOSITION DER ARRANGEMENTS MADE BY I TURN PERIOD, AS A RESULT OF I D BENEFIT OF THE PROPERTY	ME, BEING DISPOSITI	ONS MAD	E AT ANY TIM	E DURING THE
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

I DISCRETIONARY DISCLOSURES			
A TIP: To be completed if you wish to make any additional disclosures			
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and go to Sign and Date to complete this Return			

MY SIGNATURE:	
DATE SIGNED:	31 JULY 2019

NEXT STEPS:

- Ensure that wherever you had nothing to declare, that you have selected the word 'NIL' from the dropdrown lists.
- · Print the form.
- Sign and date this page.
- Your form should then be forwarded to the Governance Coordinator at 2 Prince Street, Grafton

OPTIONAL STATUTORY DECLARATION:

Did you complete the optional Statutory Declaration on the next page?

If 'YES', make sure that you have listed the reasons for completing the form and then have your signature witnessed by a Justice of the Peace before submitting your Disclosure of Interest Form.





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COMPLETION OF THE FOLLOWING STATUTORY DECLARATION IS OPTIONAL

The declaration should be completed only if you want to withhold your place of living from the version of your Return which is made available for public inspection. Reasons for withholding your place of living must be detailed in the declaration.

STATUTORY DECLARATION

Request for Protection of Privacy (place of living) Local Government Act 1993, Section 739

I,	
of	
	lava as fallavia
in the State of New South Wales, do solemnly and sincerely dec	
	other Matters that is available, or is to be made available, for public pared or amended so as to omit or remove any matter that would
I consider that the disclosure of my place of living would place, of my family, at risk for the reason(s) that –	or places, my personal safety, or the personal safety of members of
LIST YOUR REASONS HERE -	
And I make this solemn declaration conscientiously belief the Oaths Act, 1900.	ving the same to be true and by virtue of the provisions of
Subscribed and declared at:	
Thisday of	
20	
	My Signature
before me:	
I,	a JP for NSW certify
(Full name of JP)	(JP Registration Number)
(Tide about the control	
 (Tick a box that applies) 1 □ I saw the face of the declarant 	
	ne/she was wearing a face covering, but I am satisfied that
he/she had a special justification for not removing	
(Tick a box that applies)	
2	
☐ I confirmed the person's identity with	(Describe identification document relied on [PTO)
(Signature of ID)	(Data)
(Signature of JP)	(Date)





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR



近 NOTES FOR COMPLETING THE OPTIONAL STATUTORY DECLARATION

A person's identify can be confirmed with any one of the following approved identification documents, unless the document has expired or been cancelled. However, an Australian passport is acceptable if it expired no more than 2 years ago -

- a driver's licence or permit with a photograph, whether issued in Australia or another country
- a NSW photo card issued under Photo Card Act 2005
- an Australian proof of age card which contains the person's photograph
- an Australian passport (either current or expired less than 2 years ago)
- a passport or similar document with the person's photograph and signature issued by another country or by the United Nations
- a national identity card with the person's photograph and signature issued by another country or the United Nations (with an English language translation if not in English)
- an Australian citizenship certificate
- a foreign citizenship certificate (with an English language translation if not in English)
- a birth certificate or birth extract, whether issued in Australia, another country or by the United Nations (with an English language translation if not in English)
- a Centrelink pension card
- a credit card or passbook
- an account from a bank, building society or credit union, or statement of account up to one year old
- a Medicare card, pension concession card, Department of Veteran's Affairs entitlement card or other entitlement card issued by the Federal or any State Government
- an electoral enrolment card or other evidence of enrolment as an elector up to 2 years old, or
- a student identity card, or a certificate or statement of enrolment up to 2 years old from an educational institution

A copy of an identification document is acceptable if certified as a true copy by:

- any justice of the peace,
- notary public,
- commissioner of the court for taking affidavits,
- Australian legal practitioner authorised to take and receive any affidavit,
- the NSW Registrar-General,
- a Deputy Registrar-General,
- or other person by law authorised to administer an oath.

The certifier and the witness cannot be the same person.





MY FULL NAME

DISCLOSURE OF INTERESTS

SURNAME: HAMILTON

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

For further information please read the Office of Local Government's Self help guide for completion of returns

GIVEN NAME: JAMES ANDREW

Ensure that wherever you have nothing to declare, that you have selected the word 'NIL' from the drop-drown lists.

RETURN PERIOD: 1 JULY 2018 TO 30 JUNE 2019 **REAL PROPERTY** A TIP: You must include: (i) either the postal addresses OR particulars of title, i.e. Lot and DP (or SP) of properties anywhere in Australia that you had an interest in at any time during the Return Period; (ii) the Nature of your Interest, i.e. Owner, Part Owner, Lessee, Beneficiary, Occupier or Other Address of each parcel of real property in which I had an interest at any time during the Nature of my Interest: Select from Return Period the drop-down list 0 MY PLACE(S) OF RESIDENCE: No: Street: Lot & DP: Owner Suburb: GRAFTON State: NSW Street: Lot & DP: Nο. SELECT FROM LIST BELOW Suburb: State: OTHER REAL PROPERTY POSTAL ADDRESS DETAILS: Lot & DP: No: Street: SELECT FROM LIST BELOW Suburb: State: Lot & DP: No: Street: SELECT FROM LIST BELOW Suburb: State: Street: Lot & DP: No: SELECT FROM LIST BELOW Suburb: State: Lot & DP: No: Street: SELECT FROM LIST BELOW Suburb: State: No: Street: Lot & DP: SELECT FROM LIST BELOW Suburb: State: No: Street: Lot & DP: SELECT FROM LIST BELOW Suburb: State:

If insufficient space, please attach a schedule to this form.

Please tick if adding an attachment \square

clarence

DISCLOSURE OF INTERESTS

SOURCES OF INCOME			
A TIP: Only provide information w	nere the amount of inc	ome from an occupation, a Trust or othe	r source, exceeded \$500.
SOURCES OF MY INCOME (sources, not amounts, of income)		CUPATION(S) n my Occupation(s) at any time durin	ng the Return Period)
Position Held e.g. Labourer, Cadet, Project Officer, Manager, etc. DEVELOPMENT ASSESSMENT PLANNER	Name Descrip If self employed in CLARENCE VALL 2 Prince Street GRAFTON NSW	Name of Partnership (if applicable)	
·	unts, I received from	a Trust during the Return Period)	NIL
If you have Nothing to Declar e, select		e adjacent Box	IVIL
NAME AND ADDRESS O		NAME AND A	DDRESS OF TRUSTEE
3 OTHER SOURCES OF M (sources of other income, no		ed at any time during the Return Pel	riod)
•	cription sufficient to ide	from rental property, investments, busin- entify the person, property or business a	ess activities, welfare payments; ctivity from whom, or the circumstances in
If you have Nothing to Declare, select	the word 'Nil' in the	adjacent Box	NIL
C GIFTS			
A TIP: Only include description of	a single gift or multiple	e gifts from the same donor, the total value	ue of which exceeded \$500
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section D			NIL
If you declare a gift then you MUS on Council's Intranet	ST also complete a C	Gifts and Benefits Declaration Form	in the Councillors Dropbox or located
DESCRIPTION OF EACH GIFT RECEIVE TIME DURING THE RETURN		NAME AND ADDR	ESS OF GIFT DONOR

D

CONTRIBUTIONS TO TRAVEL

DISCLOSURE OF INTERESTS

A TIP: Do not include payments by Council for yo	ur work-related travel			
If you have Nothing to Declare, select the word 'Nil' and move to Section E	>	NIL		
NAME AND ADDRESS OF EACH PERSON WHO MAE GREATER THAN \$250 FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVEL UNDERTAKEN BY DURING THE RETURN PERIOD			NAME OF STATES, TERRITORIE OF THE COMMONWEALTH AND OTHER COUNTRIES IN WHICH TRAVEL WAS UNDERTAKEN	
E INTERESTS AND POSITIONS	IN CORPORATIO	NS		
TIPS: (i) Declare only if your shareholding was (not Shareholder) you held in a Corporation (include Corporation or the position was a paid position	greater than 10% of voting r ding not-for-profit corporatio	ights in the corporat n) such as Director	tion (ii) You must declare any po , whether or not you held shares i	sition in the
If you have Nothing to Declare, select the word 'Nil' and move to Section F	in the adjacent Box	e adjacent Box NIL		
If you declare a Position U you held in a Corporation Interests Disclosure Form in the Councillors Dropbo			MUST complete a Conflict of	
NAME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION AT ANY TIME DURING THE RETURN PERIOD	NATURE OF INTEREST (IF ANY) EG SHAREHOLDER	DESCRIPTION (POSITION (IF AN EG DIRECTOR, COMP SECRETARY	NY) PRINCIPAL OBJECTS C	T IN
F POSITIONS IN TRADE UNIONS	OR PROFESSIO	NAL OR BU	JSINESS ASSOCIATION	ONS
A TIP: Do not include general membership but inc	clude details of any positions	s held whether remur	nerated or not	
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section G			NIL	
NAME OF EACH TRADE UNION AND EACH PROFE IN WHICH I HELD ANY POSITION (WHETH AT ANY TIME DURING THE I		DESCRIPTION OF POSITION		



DISCLOSURE OF INTERESTS

G DEB	тѕ					
A TIP: society,	You do not need to provide information on (i) credit union or other financial institution such as	the amounts; (ii) debts for le	ess than \$500 lit card or dep	; (iii) debts to any re artment store	lative, bank, building	
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section H			•	NIL		
NAME AND	ADDRESS OF EACH PERSON OR ORGANISA DURI	ATION (CREDITOR) TO WHO	M I WAS LIA	BLE TO PAY ANY DE	EBT AT ANY TIME	
	NAME OF CREDITOR	ADDRESS OF CREDITOR				
H DISP	OSITIONS OF REAL PROPE	RTY				
of each the right the rig	You must disclose details: h disposal of real property since your last return ht to repurchase the property; h disposal of real property by other persons or end hal includes — rant of a lease or licence for all or part of the land hortgage over your land, rant of easement over land by which you retain the ale of land (or grant of option by you) with (i) a hasement or covenant over the land in favour of your on of an option to purchase land in favour of your by you of a charge over your land; her by you of an interest in your land to a Trustee er of land to your spouse or by your spouse to a serior title of your land subject to you continuing to	ntities whereby you wholly or partities whereby you wholly or partition, he ability to use the land, lease or licence granted to you of a Trust of which you are a buthird party whereby you continuo receive a benefit, e.g. rent from	oartly obtained vou or a right peneficiary; ue to occupy	the use of the proper for you to repurchas the land;	erty; se the land, (ii) or an	
and move to	Nothing to Declare, select the word 'Nil' in the Section I	ne adjacent Box	ox NIL			
Should you	require more detailed explanation on the in and 188(2) of the Local Governme				to Clauses 188(1)	
□ 1 PARTICULARS OF EACH DISPOSITION OF REAL PROPERTY BY ME AT ANY TIME DURING THE RETURN PERIOD AS A RESULT OF WHICH I RETAINED, EITHER WHOLLY OR IN PART, THE USE AND BENEFIT OF THE PROPERTY OR THE RIGHT TO REACQUIRE THE PROPERTY AT A LATER DATE						
No:	Street:	Lot & DP:	Suburb:		State:	
No:	Street:	Lot & DP:	Suburb:		State:	
No:	Street:	Lot & DP:	Suburb:		State:	
UN RE	RTICULARS OF EACH DISPOSITION DER ARRANGEMENTS MADE BY I TURN PERIOD, AS A RESULT OF I D BENEFIT OF THE PROPERTY	ME, BEING DISPOSITI	ONS MAD	E AT ANY TIM	E DURING THE	
No:	Street:	Lot & DP:	Suburb:		State:	
No:	Street:	Lot & DP:	Suburb:		State:	
No:	Street:	Lot & DP:	Suburb:		State:	





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

I DISCRETIONARY DISCLOSURES				
A TIP: To be completed if you wish to make any additional disclosures				
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and go to Sign and Date to complete this Return				

MY SIGNATURE:

DATE SIGNED:

31 JULY 2019

NEXT STEPS:

- Ensure that wherever you had nothing to declare, that you have selected the word 'NIL' from the dropdrown lists.
- Print the form.
- Sign and date this page.
- Your form should then be forwarded to the Governance Coordinator at 2 Prince Street, Grafton

OPTIONAL STATUTORY DECLARATION:

Did you complete the optional Statutory Declaration on the next page?

If 'YES', make sure that you have listed the reasons for completing the form and then have your signature witnessed by a Justice of the Peace before submitting your Disclosure of Interest Form.





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

COMPLETION OF THE FOLLOWING STATUTORY DECLARATION IS OPTIONAL

The declaration should be completed only if you want to withhold your place of living from the version of your Return which is made available for public inspection. Reasons for withholding your place of living must be detailed in the declaration.

STATUTORY DECLARATION

Request for Protection of Privacy (place of living) Local Government Act 1993, Section 739

l,	
of	
in the State of New South Wales, do solemnly and sincerely dec	lare as follows –
	other Matters that is available, or is to be made available, for public pared or amended so as to omit or remove any matter that would
I consider that the disclosure of my place of living would place, o my family, at risk for the reason(s) that –	r places, my personal safety, or the personal safety of members of
LIST YOUR REASONS HERE -	
And I make this solemn declaration conscientiously belie the Oaths Act, 1900.	ving the same to be true and by virtue of the provisions of
Subscribed and declared at:	
This day of	
20	May O'rear advers
	My Signature
before me:	
1	a ID for NCW
(Full name of JP)	_ a JP for NSW certify (JP Registration Number)
,	,
(Tick a box that applies)	
1	
_	ne/she was wearing a face covering, but I am satisfied that
he/she had a special justification for not removing	
(Tick a box that applies)	
2 I have known the person for at least 12 months	
☐ I confirmed the person's identity with	
	(Describe identification document relied on [PTO)
(Signature of ID)	(Data)
(Signature of JP)	(Date)





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR



★ NOTES FOR COMPLETING THE OPTIONAL STATUTORY DECLARATION

A person's identify can be confirmed with any one of the following approved identification documents, unless the document has expired or been cancelled. However, an Australian passport is acceptable if it expired no more than 2 years ago -

- a driver's licence or permit with a photograph, whether issued in Australia or another country
- a NSW photo card issued under Photo Card Act 2005
- an Australian proof of age card which contains the person's photograph
- an Australian passport (either current or expired less than 2 years ago)
- a passport or similar document with the person's photograph and signature issued by another country or by the United Nations
- a national identity card with the person's photograph and signature issued by another country or the United Nations (with an English language translation if not in English)
- an Australian citizenship certificate
- a foreign citizenship certificate (with an English language translation if not in English)
- a birth certificate or birth extract, whether issued in Australia, another country or by the United Nations (with an English language translation if not in English)
- a Centrelink pension card
- a credit card or passbook
- an account from a bank, building society or credit union, or statement of account up to one year old
- a Medicare card, pension concession card, Department of Veteran's Affairs entitlement card or other entitlement card issued by the Federal or any State Government
- an electoral enrolment card or other evidence of enrolment as an elector up to 2 years old, or
- a student identity card, or a certificate or statement of enrolment up to 2 years old from an educational institution

A copy of an identification document is acceptable if certified as a true copy by:

- any justice of the peace,
- notary public,
- commissioner of the court for taking affidavits,
- Australian legal practitioner authorised to take and receive any affidavit,
- the NSW Registrar-General,
- a Deputy Registrar-General,
- or other person by law authorised to administer an oath.

The certifier and the witness cannot be the same person.





MY FULL NAME | GIVEN NAME: JULIE

DISCLOSURE OF INTERESTS

SURNAME: SCHIPP

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

For further information please read the Office of Local Government's Self help guide for completion of returns

Ensure that wherever you have nothing to declare, that you have selected the word 'NIL' from the drop-drown lists.

	RETURN PERIOD. 1	JULY 2016 10 30 JUNE	2019
A REAL	PROPERTY		
Australia	You must include: (i) either the postal addres that you had an interest in at any time during the ary, Occupier or Other	ises OR particulars of title, i.e. Lot at Return Period; (ii) the Nature of your	nd DP (or SP) of properties anywhere in Interest, i.e. Owner, Part Owner, Lessee,
Address of eac Return Period	ch parcel of real property in which I had an	interest at any time during the	Nature of my Interest: Select from the drop-down list
MY PLACE(S	S) OF RESIDENCE:		
No: ■	Street:	Lot & DP:	Part Owner
Suburb: BROC	OMS HEAD	State: NSW	
No:	Street:	Lot & DP:	SELECT FROM LIST BELOW
Suburb:		State:	
OTHER REA	L PROPERTY POSTAL ADDRESS DE	TAILS:	
No:	Street:	Lot & DP:	OF LEAT EDOM LIOT DELOW
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	OF LEGT EDOM LIGT DELOW
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	CELECT EDOM LICT DELOW
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	OF LEAT EDOM LIOT BELOW
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	
Suburb:		State:	SELECT FROM LIST BELOW

If insufficient space, please attach a schedule to this form.



Please tick if adding an attachment

DISCLOSURE OF INTERESTS

B SOURCES OF INCOME						
A TIP: Only provide information where the amount of income from an occupation, a Trust or other source, exceeded \$500.						
	1 SOURCES OF MY INCOME FROM AN OCCUPATION(S) (sources, not amounts, of income I received from my Occupation(s) at any time during the Return Period)					
Position Held e.g. Labourer, Cadet, Project Officer, Manager, etc.	e.g. Labourer, Cadet, Project Officer, Manager, (if applicable)					
Holiday Parks & Saleyard Officer	CLARENCE VALLEY COUNCIL 2 Prince Street GRAFTON NSW 2460					
SOURCES OF MY INCOM (sources of income, not amount)			he Return Period)			
If you have Nothing to Declar e, select	the word 'Nil' in the	adjacent Box	-	NIL		
NAME AND ADDRESS C A TIP: The 'Settlor' is the name of a			NAME AND AI	DDRESS OF TRUSTEE		
3 OTHER SOURCES OF M (sources of other income, no		d at any time du	uring the Return Pen	iod)		
	cription sufficient to ider		•	ess activities, welfare payments; ctivity from whom, or the circumstances in		
If you have Nothing to Declare, select		adjacent Box	>	NIL		
C GIFTS						
A TIP: Only include description of a single gift or multiple gifts from the same donor, the total value of which exceeded \$500						
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section D						
If you declare a gift then you MUST also complete a Gifts and Benefits Declaration Form in the Councillors Dropbox or located on Council's Intranet						
DESCRIPTION OF EACH GIFT RECEIVED BY ME AT ANY TIME DURING THE RETURN PERIOD NAME AND ADDRESS OF GIFT DONOR						



DISCLOSURE OF INTERESTS

D CONTRIBUTIONS TO TRAVEL				
A TIP: Do not include payments by Council for you	ur work-related travel			
If you have Nothing to Declare, select the word 'Nil' and move to Section E	in the adjacent Box	•		NIL
NAME AND ADDRESS OF EACH PERSON WHO MAD GREATER THAN \$250 FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVEL UNDERTAKEN BY DURING THE RETURN PERIOD	INANCIAL OR OTHER AVEL UNDERTAKEN BY ME DATES TRAVEL WAS			ME OF STATES, TERRITORIES F THE COMMONWEALTH AND OTHER COUNTRIES IN WHICH TRAVEL WAS UNDERTAKEN
E INTERESTS AND POSITIONS	IN CORPORATION	ONS		
TIPS: (i) Declare only if your shareholding was (not Shareholder) you held in a Corporation (include Corporation or the position was a paid position	greater than 10% of voting ding not-for-profit corporation	rights in the corpor on) such as Directo	ration or, whet	(ii) You must declare any position ther or not you held shares in the
If you have Nothing to Declare, select the word 'Nil' and move to Section F	in the adjacent Box	•		NIL
If you declare a Position U you held in a Corporation Interests Disclosure Form in the Councillors Dropbo			u MUS	T complete a Conflict of
NAME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION AT ANY TIME DURING THE RETURN PERIOD	NATURE OF INTEREST (IF ANY) EG SHAREHOLDER	DESCRIPTION POSITION (IF A EG DIRECTOR, COM SECRETARY	ANY) MPANY	PRINCIPAL OBJECTS OF CORPORATION (EXCEPT IN CASE OF LISTED COMPANY)
F POSITIONS IN TRADE UNIONS	OR PROFESSIO	ONAL OR B	USIN	NESS ASSOCIATIONS
A TIP: Do not include general membership but inc	clude details of any positions	s held whether rem	unerate	d or not
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section G			Refer Below	
NAME OF EACH TRADE UNION AND EACH PROFE IN WHICH I HELD ANY POSITION (WHETH AT ANY TIME DURING THE F	HER REMUNERATED OR N		C	DESCRIPTION OF POSITION
United Services Union			Union	n Delegate



DISCLOSURE OF INTERESTS

G DEB	тѕ				
A TIP: society,	You do not need to provide information on (i) credit union or other financial institution such as	the amounts; (ii) debts for le	ess than \$500 lit card or dep	D; (iii) debts to any repartment store	lative, bank, building
If you have N and move to	lothing to Declare, select the word 'Nil' in the Section H	ne adjacent Box	•	N	IL
NAME AND	ADDRESS OF EACH PERSON OR ORGANISA DURI	ATION (CREDITOR) TO WHO NG THE RETURN PERIOD	M I WAS LIA	BLE TO PAY ANY DE	EBT AT ANY TIME
	NAME OF CREDITOR		ADDRE	SS OF CREDITOR	
H DISP	OSITIONS OF REAL PROPE	RTY			
of each the right the rig	You must disclose details: In disposal of real property since your last return to repurchase the property; In disposal of real property by other persons or eal includes — I reant of a lease or licence for all or part of the lan lortgage over your land, I rant of easement over land by which you retain to ale of land (or grant of option by you) with (i) a lasement or covenant over the land in favour of your of an option to purchase land in favour of your on by you of a charge over your land; I re by you of an interest in your land to a Trustee for of land to your spouse or by your spouse to a ser of title of your land subject to you continuing to lothing to Declare, select the word 'Nil' in the	ntities whereby you wholly or partities whereby you wholly or partition, the ability to use the land, lease or licence granted to you of a Trust of which you are a bathird party whereby you continuo receive a benefit, e.g. rent from	partly obtaine vou or a right peneficiary; ue to occupy	d the use of the proper for you to repurchas the land;	erty;
and move to Section I					
Should you require more detailed explanation on the information to be provided in this Section, you should refer to Clauses 188(1) and 188(2) of the Local Government (General) Regulation 2005 or consult your solicitor					
RE [*]	RTICULARS OF EACH DISPOSITIO FURN PERIOD AS A RESULT OF V D BENEFIT OF THE PROPERTY OF TE	VHICH I RETAINED, E	ITHER WI	HOLLY OR IN P	ART, THE USE
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
2 PARTICULARS OF EACH DISPOSITION OF REAL PROPERTY TO A PERSON BY ANOTHER PERSON UNDER ARRANGEMENTS MADE BY ME, BEING DISPOSITIONS MADE AT ANY TIME DURING THE RETURN PERIOD, AS A RESULT OF WHICH I OBTAINED EITHER WHOLLY OR IN PART, THE USE AND BENEFIT OF THE PROPERTY					
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

I DISCRETIONARY DISCLOSURES				
A TIP: To be completed if you wish to make any additional disclosures				
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and go to Sign and Date to complete this Return				

MY SIGNATURE:	
DATE SIGNED:	3 JUL. 19

NEXT STEPS:

- Ensure that wherever you had nothing to declare, that you have selected the word 'NIL' from the dropdrown lists.
- Print the form.
- Sign and date this page.
- Your form should then be forwarded to the Governance Coordinator at 2 Prince Street, Grafton

OPTIONAL STATUTORY DECLARATION:

Did you complete the optional Statutory Declaration on the next page?

If 'YES', make sure that you have listed the reasons for completing the form and then have your signature witnessed by a Justice of the Peace before submitting your Disclosure of Interest Form.





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

COMPLETION OF THE FOLLOWING STATUTORY DECLARATION IS OPTIONAL

The declaration should be completed only if you want to withhold your place of living from the version of your Return which is made available for public inspection. Reasons for withholding your place of living must be detailed in the declaration.

STATUTORY DECLARATION

Request for Protection of Privacy (place of living) Local Government Act 1993, Section 739

I,	
of	
in the State of New South Wales, do solemnly and sincerely dec	lare as follows –
	Other Matters that is available, or is to be made available, for public pared or amended so as to omit or remove any matter that would
I consider that the disclosure of my place of living would place, of my family, at risk for the reason(s) that –	or places, my personal safety, or the personal safety of members of
LIST YOUR REASONS HERE -	
And I make this solemn declaration conscientiously belief the Oaths Act, 1900.	eving the same to be true and by virtue of the provisions of
Subscribed and declared at:	
Thisday of	
20	
	My Signature
before me:	
1	_ a JP for NSW certify
(Full name of JP)	(JP Registration Number)
(Tick a box that applies)	
1	
■ I did not see the face of the declarant because he/she had a special justification for not removing	ne/she was wearing a face covering, but I am satisfied that it and
(Tick a box that applies)	.,
2	
☐ I confirmed the person's identity with	
 	(Describe identification document relied on [PTO)
(Signature of JP)	(Date)





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR



NOTES FOR COMPLETING THE OPTIONAL STATUTORY DECLARATION

A person's identity can be confirmed with any one of the following approved identification documents, unless the document has expired or been cancelled. However, an Australian passport is acceptable if it expired no more than 2 years ago –

- a driver's licence or permit with a photograph, whether issued in Australia or another country
- a NSW photo card issued under Photo Card Act 2005
- an Australian proof of age card which contains the person's photograph
- an Australian passport (either current or expired less than 2 years ago)
- a passport or similar document with the person's photograph and signature issued by another country or by the United Nations
- a national identity card with the person's photograph and signature issued by another country or the United Nations (with an English language translation if not in English)
- an Australian citizenship certificate
- a foreign citizenship certificate (with an English language translation if not in English)
- a birth certificate or birth extract, whether issued in Australia, another country or by the United Nations (with an English language translation if not in English)
- · a Centrelink pension card
- · a credit card or passbook
- an account from a bank, building society or credit union, or statement of account up to one year old
- a Medicare card, pension concession card, Department of Veteran's Affairs entitlement card or other entitlement card issued by the Federal or any State Government
- an electoral enrolment card or other evidence of enrolment as an elector up to 2 years old, or
- a student identity card, or a certificate or statement of enrolment up to 2 years old from an educational institution

A copy of an identification document is acceptable if certified as a true copy by:

- any justice of the peace,
- · notary public,
- · commissioner of the court for taking affidavits,
- · Australian legal practitioner authorised to take and receive any affidavit,
- the NSW Registrar-General,
- a Deputy Registrar-General,
- or other person by law authorised to administer an oath.

The certifier and the witness cannot be the same person.



MY FULL NAME

DISCLOSURE OF INTERESTS

SURNAME: GORTON

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

For further information please read the Office of Local Government's Self help guide for completion of returns

GIVEN NAME: KATE

Ensure that wherever you have nothing to declare, that you have selected the word 'NIL' from the drop-drown lists.

resses OR particulars of title, i.e. Lot a the Return Period; (ii) the Nature of your	nd DP (or SP) of properties anywhere in Interest, i.e. Owner, Part Owner, Lessee,
an interest at any time during the	Nature of my Interest: Select from the drop-down list
	Part Owner
State: NSW	
Lot & DP:	SELECT FROM LIST BELOW
State:	
ETAILS:	
Lot & DP:	CELECT EDOM LICT DELOW
State:	SELECT FROM LIST BELOW
Lot & DP:	CELECT EDOM LIOT DELOW
State:	SELECT FROM LIST BELOW
Lot & DP:	SELECT FROM LIST RELOW
State:	SELECT FROM LIST BELOW
Lot & DP:	OF LEGT EDOM LIGT BELOW
State:	SELECT FROM LIST BELOW
Lot & DP:	OF LEAT EDOM LIOT DELION
State:	SELECT FROM LIST BELOW
Lot & DP:	CELECT EDOM LOT BELCIV
State:	SELECT FROM LIST BELOW
t	state: NSW Lot & DP: State: Lot & DP:

If insufficient space, please attach a schedule to this form.

Please tick if adding an attachment



DISCLOSURE OF INTERESTS

B SOURCES OF INCOM	/IE		
A TIP: Only provide information w	here the amount of incom	ne from an occupation, a Trust or other source, ε	exceeded \$500.
1 SOURCES OF MY INCOME (sources, not amounts, of income)		JPATION(S) by Occupation(s) at any time during the Re	turn Period)
Position Held e.g. Labourer, Cadet, Project Officer, Manager, etc. Name and Address of Employer or Description of Office held (if applicable) If self employed include business name & business address			Name of Partnership (if applicable)
Ranger	CLARENCE VALLEY 2 Prince Street GRAFTON NSW 24	COUNCIL	
	unts, I received from a	Trust during the Return Period)	NIL
If you have Nothing to Declar e, select		ajacent Box	INIL
NAME AND ADDRESS O		NAME AND ADDRESS	OF TRUSTEE
TIPS: a Other Sources of Income	ot amounts, I received a e may include income from cription sufficient to identi	at any time during the Return Period) m rental property, investments, business activiti fy the person, property or business activity from	
If you have Nothing to Declare, select		jacent Box	NIL
C GIFTS			
	a single gift or multiple gif	fts from the same donor, the total value of which	n exceeded \$500
If you have Nothing to Declare, select and move to Section D	the word 'Nil' in the ad	jacent Box	NIL
If you declare a gift U then you MUS on <u>Council's Intranet</u>	ST also complete a Gift	s and Benefits Declaration Form in the Co	uncillors Dropbox or located
DESCRIPTION OF EACH GIFT RECEIVE TIME DURING THE RETURN		NAME AND ADDRESS OF G	IFT DONOR



DISCLOSURE OF INTERESTS

ou have Nothing to Declare, select the word 'Nil' in the Imove to Section E IAME AND ADDRESS OF EACH PERSON WHO MADE GREATER THAN \$250 FINANCIAL OR OTHER ONTRIBUTION TO ANY TRAVEL UNDERTAKEN BY ME	he adjacent Box	•	NIL
GREATER THAN \$250 FINANCIAL OR OTHER			
DURING THE RETURN PERIOD	THER		NAME OF STATES, TERRITORIES OF THE COMMONWEALTH AND OTHER COUNTRIES IN WHICH TRAVEL WAS UNDERTAKEN
		94 (BSI)	
INTERESTS AND POSITIONS IN TIPS: (i) Declare only if your shareholding was great (not Shareholder) you held in a Corporation (including	iter than 10% of voting ri	ghts in the corporat	ion (ii) You must declare any positi whether or not you held shares in t
Corporation or the position was a paid position ou have Nothing to Declare, select the word 'Nil' in the move to Section F	he adjacent Box	5	NIL
ou declare a Position () you held in a Corporation therests Disclosure Form in the Councillors Dropbox or			MUST complete a Conflict of
ME AND ADDRESS OF EACH CORPORATION IN HICH I HAD AN INTEREST OR HELD A POSITION AT ANY TIME DURING THE RETURN PERIOD	NATURE OF INTEREST (IF ANY) EG SHAREHOLDER DESCRIPTION POSITION (IF EG DIRECTOR, CO SECRETARY		NY) PRINCIPAL OBJECTS OF
POSITIONS IN TRADE UNIONS O			
ou have Nothing to Declare, select the word 'Nil' in the move to Section G			NIL
NAME OF EACH TRADE UNION AND EACH PROFESSI IN WHICH I HELD ANY POSITION (WHETHER AT ANY TIME DURING THE RET	REMUNERATED OR N		DESCRIPTION OF POSITION

DISCLOSURE OF INTERESTS

G DE	EB	гѕ				
∑ A T	TIP:	You do not need to provide information on (i) credit union or other financial institution such as	the amounts; (ii) debts for le for your home mortgage, credi	ss than \$500 t card or dep); (iii) debts to any rela artment store	ative, bank, building
		lothing to Declare, select the word 'Nil' in th Section H	e adjacent Box)	NII	
NAME /	AND	ADDRESS OF EACH PERSON OR ORGANISA DURII	TION (CREDITOR) TO WHO! NG THE RETURN PERIOD	M I WAS LIA	BLE TO PAY ANY DE	BT AT ANY TIME
		NAME OF CREDITOR		ADDRES	SS OF CREDITOR	
			,			
H DI	ISP	OSITIONS OF REAL PROPE	RTY			
• di 0 0 0 0 0 tra tra tra	ispos gr gr sa reatio reatio ransfer ansfe	In disposal of real property by other persons or enal includes — Irant of a lease or licence for all or part of the land ortgage over your land, Irant of easement over land by which you retain the land (or grant of option by you) with (i) a seement or covenant over the land in favour of your of an option to purchase land in favour of your not you of a charge over your land; or by you of an interest in your land to a Trustee of the land to your spouse or by your spouse to a ter of title of your land subject to you continuing to	the ability to use the land, lease or licence granted to you of a Trust of which you are a bhird party whereby you conting receive a benefit, e.g. rent from	ou or a right eneficiary; ue to occupy m the land.	for you to repurchase	
If you ha and mov		othing to Declare, select the word 'Nil' in th Section I	e adjacent Box		NI	L
Should y	you r	equire more detailed explanation on the inf and 188(2) of the Local Governme				o Clauses 188(1)
	RE	RTICULARS OF EACH DISPOSITIO FURN PERIOD AS A RESULT OF W D BENEFIT OF THE PROPERTY OF TE	HICH I RETAINED, E	THER WI	HOLLY OR IN PA	ART, THE USE
No:		Street:	Lot & DP:	Suburb:		State:
No:		Street:	Lot & DP:	Suburb:		State:
No:		Street:	Lot & DP:	Suburb:	I	State:
	UNI RE	RTICULARS OF EACH DISPOSITION DER ARRANGEMENTS MADE BY N FURN PERIOD, AS A RESULT OF N D BENEFIT OF THE PROPERTY	IE, BEING DISPOSITION	ONS MAD	E AT ANY TIME	DURING THE
No:		Street:	Lot & DP:	Suburb:		State:
No:		Street:	Lot & DP:	Suburb:		State:
No:		Street:	Lot & DP:	Suburb:		State:

DISCLOSURE OF INTERESTS

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

I DISCRETIONARY DISCLOSURES	
江 A TIP: To be completed if you wish to make any additional disclosures	
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and go to Sign and Date to complete this Return	NIL

MY SIGNATURE:		
DATE SIGNED:	3/7/19.	

NEXT STEPS:

- Ensure that wherever you had nothing to declare, that you have selected the word 'NIL' from the dropdrown lists.
- Print the form.
- Sign and date this page.
- Your form should then be forwarded to the Governance Coordinator at 2 Prince Street, Grafton

OPTIONAL STATUTORY DECLARATION:

Did you complete the optional Statutory Declaration on the next page?

If 'YES', make sure that you have listed the reasons for completing the form and then have your signature witnessed by a Justice of the Peace before submitting your Disclosure of Interest Form.





MY FULL NAME

DISCLOSURE OF INTERESTS

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

Harre

For further information please read the Office of Local Government's Self help guide for completion of returns

GIVEN NAME: KERRY

Ensure that wherever you have nothing to declare, that you have selected the word 'NIL' from the drop-drown lists.

	RETURN PERIOD: 1 JULY 2018 TO 30 JUNE 2019			
A REAL	PROPERTY			
Australia	You must include: (i) either the postal addres that you had an interest in at any time during the ary, Occupier or Other			
Address of eac Return Period	ch parcel of real property in which I had an	interest at any time during the	Nature of my Interest: Select from the drop-down list	
MY PLACE(S	S) OF RESIDENCE:			
No:	Armidale Road	Lot & DP:	Part Owner	
Suburb: Blaxla	nds Creek	State: NSW		
No:	Street:	Lot & DP:	SELECT FROM LIST BELOW	
Suburb:		State:		
OTHER REA	L PROPERTY POSTAL ADDRESS DE	TAILS:		
No:	Street:	Lot & DP:		
Suburb: South	Grafton	State: NSW	Owner	
No:	Street:	Lot & DP:	CELECT EDOM LICT DELOW	
Suburb:		State:	SELECT FROM LIST BELOW	
No:	Street:	Lot & DP:	OF LEAT EDOM LIOT BELOW	
Suburb:		State:	SELECT FROM LIST BELOW	
No:	Street:	Lot & DP:		
Suburb:		State:	SELECT FROM LIST BELOW	
No:	Street:	Lot & DP:	0515075004110705104	
Suburb:		State:	SELECT FROM LIST BELOW	
No:	Street:	Lot & DP:	OF LEGT EDOM LIGT BELOW	
Suburb:		State:	SELECT FROM LIST BELOW	

If insufficient space, please attach a schedule to this form.



Please tick if adding an attachment

DISCLOSURE OF INTERESTS

B SOURCES OF INCOME						
A TIP: Only provide information where the amount of income from an occupation, a Trust or other source, exceeded \$500.						
SOURCES OF MY INCOME (sources, not amounts, of income)				s) at any time durii	ng the Re	turn Period)
Position Held e.g. Labourer, Cadet, Project Officer, Manager, etc.	Descrip	otion of	Office held	Employer or	al alua a a	Name of Partnership (if applicable)
Building Surveyor CLARENCE VALLEY COUNCIL 2 Prince Street GRAFTON NSW 2460						
SOURCES OF MY INCOM (sources of income, not amount)	unts, I received from	a Trus		ne Return Period)		
If you have Nothing to Declar e, select	the word 'Nil' in the	adjace	ent Box	\Rightarrow		NIL
NAME AND ADDRESS O		t		NAME AND A	DDRESS	OF TRUSTEE
3 OTHER SOURCES OF M (sources of other income, no		ed at aı	ny time dui	ring the Return Pe	riod)	
Other Sources of Income b You must include a deswitch, that income was	cription sufficient to ide					es, welfare payments; n whom, or the circumstances in
If you have Nothing to Declare, select	the word 'Nil' in the	adjace	nt Box	>		Refer Below
Rental Income – Sou	th Grafton					
C GIFTS						
A TIP: Only include description of	a single gift or multiple	e gifts fro	om the sam	e donor, the total val	ue of which	n exceeded \$500
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section D						
If you declare a gift then you MUST also complete a Gifts and Benefits Declaration Form in the Councillors Dropbox or located on Council's Intranet						
DESCRIPTION OF EACH GIFT RECEIVED BY ME AT ANY TIME DURING THE RETURN PERIOD NAME AND ADDRESS OF GIFT DONOR						

D

CONTRIBUTIONS TO TRAVEL

DISCLOSURE OF INTERESTS

A TIP: Do not include payments by Council for yo	ur work-related travel			
If you have Nothing to Declare, select the word 'Nil' and move to Section E	in the adjacent Box	>	NIL	
NAME AND ADDRESS OF EACH PERSON WHO MAE GREATER THAN \$250 FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVEL UNDERTAKEN BY DURING THE RETURN PERIOD	NAME OF STATES, TERRITORII OF THE COMMONWEALTH AN OTHER COUNTRIES IN WHICH TRAVEL WAS UNDERTAKEN	ID H		
E INTERESTS AND POSITIONS	IN CORPORATIO	NS		
TIPS: (i) Declare only if your shareholding was a (not Shareholder) you held in a Corporation (include Corporation or the position was a paid position	greater than 10% of voting r ding not-for-profit corporatio	ights in the corporat n) such as Director	tion (ii) You must declare any pos , whether or not you held shares in	ition the
If you have Nothing to Declare, select the word 'Nil' and move to Section F	in the adjacent Box	•	NIL	
If you declare a Position U you held in a Corporation Interests Disclosure Form in the Councillors Dropbo			MUST complete a Conflict of	
NAME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION AT ANY TIME DURING THE RETURN PERIOD	WHICH I HAD AN INTEREST OR HELD A POSITION (IF ANY) FOSITION (IF ANY)			
F POSITIONS IN TRADE UNIONS	OR PROFESSIO	NAL OR BU	JSINESS ASSOCIATION	NC
A TIP: Do not include general membership but in	clude details of any positions	held whether remu	nerated or not	
If you have Nothing to Declare, select the word 'Nil' and move to Section G	NIL			
NAME OF EACH TRADE UNION AND EACH PROFESSIONAL OR BUSINESS ASSOCIATION IN WHICH I HELD ANY POSITION (WHETHER REMUNERATED OR NOT) AT ANY TIME DURING THE RETURN PERIOD DESCRIPTION OF POSIT				



DISCLOSURE OF INTERESTS

G DEB	TS				
A TIP: society,	You do not need to provide information on (i) credit union or other financial institution such as	the amounts; (ii) debts for le	ess than \$500 lit card or dep	; (iii) debts to any rel artment store	lative, bank, building
If you have N	Nothing to Declare, select the word 'Nil' in the Section H	ne adjacent Box	•	N	IIL
NAME AND	ADDRESS OF EACH PERSON OR ORGANISA DURI	ATION (CREDITOR) TO WHO	M I WAS LIA	BLE TO PAY ANY DE	EBT AT ANY TIME
	NAME OF CREDITOR		ADDRES	SS OF CREDITOR	
H DISP	OSITIONS OF REAL PROPE	RTY			
 TIPS: You must disclose details: of each disposal of real property since your last return was made by which you wholly or partly retained the use or benefit of the property or the right to repurchase the property; of each disposal of real property by other persons or entities whereby you wholly or partly obtained the use of the property; disposal includes – grant of a lease or licence for all or part of the land, mortgage over your land, grant of easement over land by which you retain the ability to use the land, sale of land (or grant of option by you) with (i) a lease or licence granted to you or a right for you to repurchase the land, (ii) or an easement or covenant over the land in favour of you creation of an option to purchase land in favour of you; creation by you of a charge over your land; transfer by you of an interest in your land to a Trustee of a Trust of which you are a beneficiary; transfer of land to your spouse or by your spouse to a third party whereby you continue to occupy the land; transfer of title of your land subject to you continuing to receive a benefit, e.g. rent from the land. 					
If you have N and move to	Nothing to Declare, select the word 'Nil' in the Section I	ne adjacent Box		N	IIL
Should you	require more detailed explanation on the in and 188(2) of the Local Governme				to Clauses 188(1)
1 PARTICULARS OF EACH DISPOSITION OF REAL PROPERTY BY ME AT ANY TIME DURING THE RETURN PERIOD AS A RESULT OF WHICH I RETAINED, EITHER WHOLLY OR IN PART, THE USE AND BENEFIT OF THE PROPERTY OR THE RIGHT TO REACQUIRE THE PROPERTY AT A LATER DATE					
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
2 PARTICULARS OF EACH DISPOSITION OF REAL PROPERTY TO A PERSON BY ANOTHER PERSON UNDER ARRANGEMENTS MADE BY ME, BEING DISPOSITIONS MADE AT ANY TIME DURING THE RETURN PERIOD, AS A RESULT OF WHICH I OBTAINED EITHER WHOLLY OR IN PART, THE USE AND BENEFIT OF THE PROPERTY					
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

I DISCRETIONARY DISCLOSURES					
A TIP: To be completed if you wish to make any additional disclosures					
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and go to Sign and Date to complete this Return					

MY SIGNATURE:



04/07/2019

DATE SIGNED:

NEXT STEPS:

- Ensure that wherever you had nothing to declare, that you have selected the word 'NIL' from the drop-drown lists.
- Print the form.
- Sign and date this page.
- Your form should then be forwarded to the Governance Coordinator at 2 Prince Street, Grafton

OPTIONAL STATUTORY DECLARATION:

Did you complete the optional Statutory Declaration on the next page?

If 'YES', make sure that you have listed the reasons for completing the form and then have your signature witnessed by a Justice of the Peace before submitting your Disclosure of Interest Form.





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

COMPLETION OF THE FOLLOWING STATUTORY DECLARATION IS OPTIONAL

The declaration should be completed only if you want to withhold your place of living from the version of your Return which is made available for public inspection. Reasons for withholding your place of living must be detailed in the declaration.

STATUTORY DECLARATION

Request for Protection of Privacy (place of living) Local Government Act 1993, Section 739

I,	
of	
in the State of New South Wales, do solemnly and sincerely declar	are as follows –
	ther Matters that is available, or is to be made available, for public ared or amended so as to omit or remove any matter that would
I consider that the disclosure of my place of living would place, or my family, at risk for the reason(s) that –	r places, my personal safety, or the personal safety of members of
LIST YOUR REASONS HERE -	
And I make this solemn declaration conscientiously believe the Oaths Act, 1900.	ving the same to be true and by virtue of the provisions of
Subscribed and declared at:	
Thisday of	
20	
	My Signature
before me:	
1	a JP for NSW certify
(Full name of JP)	(JP Registration Number)
(Tick a box that applies)	
1	
☐ I did not see the face of the declarant because he/she had a special justification for not removing	e/she was wearing a face covering, but I am satisfied that
(Tick a box that applies)	ii, and
2	
☐ I confirmed the person's identity with	
	(Describe identification document relied on [PTO)
(Signature of JP)	(Date)





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR



★ NOTES FOR COMPLETING THE OPTIONAL STATUTORY DECLARATION

A person's identify can be confirmed with any one of the following approved identification documents, unless the document has expired or been cancelled. However, an Australian passport is acceptable if it expired no more than 2 years ago -

- a driver's licence or permit with a photograph, whether issued in Australia or another country
- a NSW photo card issued under Photo Card Act 2005
- an Australian proof of age card which contains the person's photograph
- an Australian passport (either current or expired less than 2 years ago)
- a passport or similar document with the person's photograph and signature issued by another country or by the United Nations
- a national identity card with the person's photograph and signature issued by another country or the United Nations (with an English language translation if not in English)
- an Australian citizenship certificate
- a foreign citizenship certificate (with an English language translation if not in English)
- a birth certificate or birth extract, whether issued in Australia, another country or by the United Nations (with an English language translation if not in English)
- a Centrelink pension card
- a credit card or passbook
- an account from a bank, building society or credit union, or statement of account up to one year old
- a Medicare card, pension concession card, Department of Veteran's Affairs entitlement card or other entitlement card issued by the Federal or any State Government
- an electoral enrolment card or other evidence of enrolment as an elector up to 2 years old, or
- a student identity card, or a certificate or statement of enrolment up to 2 years old from an educational institution

A copy of an identification document is acceptable if certified as a true copy by:

- any justice of the peace,
- notary public,
- commissioner of the court for taking affidavits,
- Australian legal practitioner authorised to take and receive any affidavit,
- the NSW Registrar-General,
- a Deputy Registrar-General,
- or other person by law authorised to administer an oath.

The certifier and the witness cannot be the same person.





MY FULL NAME

DISCLOSURE OF INTERESTS

SURNAME: LITTLE

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

For further information please read the Office of Local Government's Self help guide for completion of returns

GIVEN NAME: KERRY

Ensure that wherever you have nothing to declare, that you have selected the word 'NIL' from the drop-drown lists.

	RETURN FERIOD. 1	JULY 2018 10 30 JUNE	2019
A REAL	PROPERTY		
Australia	You must include: (i) either the postal addres that you had an interest in at any time during the ary, Occupier or Other		
Address of each parcel of real property in which I had an interest at any time during the Return Period			Nature of my Interest: Select from the drop-down list
MY PLACE(S	S) OF RESIDENCE:		
No:	Street:	Lot & DP:	Owner
Suburb: Ashby	Heights	State: NSW	
No:	Street:	Lot & DP:	SELECT FROM LIST BELOW
Suburb:		State:	
OTHER REA	L PROPERTY POSTAL ADDRESS DE	TAILS:	
No:	Street:	Lot & DP:	
Suburb: Tamw	orth	State: NSW	Owner
No:	Street:	Lot & DP:	OF LEGT EDOM LIGT DELOW
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	OF LEGT EDOM LIGT BELOW
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	OF LEAT EDOM LIOT DELOW
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	051 507 5D0M 107 551 6
Suburb:		State:	SELECT FROM LIST BELOW

If insufficient space, please attach a schedule to this form.



Please tick if adding an attachment

DISCLOSURE OF INTERESTS

B SOURCES OF INCOME					
A TIP: Only provide information where the amount of income from an occupation, a Trust or other source, exceeded \$500.					
SOURCES OF MY INCOME (sources, not amounts, of income)				g the Return Period)	
Position Held e.g. Labourer, Cadet, Project Officer, Manager, etc.	Descrip		eld (if applicable)	Name of P (if appli	
Manager	If self employed include business name & business address CLARENCE VALLEY COUNCIL 2 Prince Street GRAFTON NSW 2460				
SOURCES OF MY INCOM (sources of income, not amount amount)			the Return Period)		
If you have Nothing to Declar e, select	the word 'Nil' in the	e adjacent Box	•	NIL	
NAME AND ADDRESS O A TIP: The 'Settlor' is the name of a		st	NAME AND AD	DRESS OF TRUSTEE	
•	ot amounts, I receive e may include income	from rental prope	rty, investments, busine	ss activities, welfare paym	
which, that income was	received.		property or business ac	tivity from whom, or the ci	rcumstances in
If you have Nothing to Declare, select	the word 'Nii' in the	adjacent Box	•	NIL	
C GIFTS					
A TIP: Only include description of	a single gift or multiple	e gifts from the sa	me donor, the total value	e of which exceeded \$500	
If you have Nothing to Declare, select and move to Section D	the word 'Nil' in the	adjacent Box	•	NIL	
If you declare a gift then you MUST also complete a Gifts and Benefits Declaration Form in the Councillors Dropbox or located on Council's Intranet					
	DESCRIPTION OF EACH GIFT RECEIVED BY ME AT ANY TIME DURING THE RETURN PERIOD NAME AND ADDRESS OF GIFT DONOR				

CONTRIBUTIONS TO TRAVEL

DISCLOSURE OF INTERESTS

A TIP: Do not include payments by Council for yo	ur work-related travel			
If you have Nothing to Declare, select the word 'Nil' and move to Section E	in the adjacent Box	-	NIL	
NAME AND ADDRESS OF EACH PERSON WHO MAD GREATER THAN \$250 FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVEL UNDERTAKEN BY DURING THE RETURN PERIOD	VEL WAS TAKEN	NAME OF STATES, TERRITORIES OF THE COMMONWEALTH AND OTHER COUNTRIES IN WHICH TRAVEL WAS UNDERTAKEN		
E INTERESTS AND POSITIONS	IN CORPORATIO	NS		
TIPS: (i) Declare only if your shareholding was (not Shareholder) you held in a Corporation (inclu-Corporation or the position was a paid position	greater than 10% of voting r ding not-for-profit corporatio	ights in the corporation) such as Director,	on (ii) You must declare any position whether or not you held shares in the	
If you have Nothing to Declare, select the word 'Nil' and move to Section F	in the adjacent Box	-	NIL	
If you declare a Position U you held in a Corporation Interests Disclosure Form in the Councillors Dropbo	on that had a relationship x or located on Council's	with Council, you I	MUST complete a Conflict of	
NAME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION AT ANY TIME DURING THE RETURN PERIOD	NATURE OF INTEREST (IF ANY) EG SHAREHOLDER	DESCRIPTION C POSITION (IF AN EG DIRECTOR, COMPA SECRETARY	Y) PRINCIPAL OBJECTS OF	
F POSITIONS IN TRADE UNIONS				
A TIP: Do not include general membership but in		held whether remun	erated or not	
If you have Nothing to Declare, select the word 'Nil' and move to Section G	J	NIL		
NAME OF EACH TRADE UNION AND EACH PROFE IN WHICH I HELD ANY POSITION (WHETH AT ANY TIME DURING THE		DESCRIPTION OF POSITION		

DISCLOSURE OF INTERESTS

G DEB	тѕ				
	You do not need to provide information on (i) credit union or other financial institution such as				lative, bank, building
If you have N	Nothing to Declare, select the word 'Nil' in the Section H	ne adjacent Box	•	N	IL
NAME AND	ADDRESS OF EACH PERSON OR ORGANISA DURI	ATION (CREDITOR) TO WHO	M I WAS LIA	BLE TO PAY ANY DE	BT AT ANY TIME
	NAME OF CREDITOR		ADDRES	SS OF CREDITOR	
H DISP	OSITIONS OF REAL PROPE	RTY			
of eac the rig of eac dispos o g o n o g c reatic c transfe transfe	 mortgage over your land, grant of easement over land by which you retain the ability to use the land, sale of land (or grant of option by you) with (i) a lease or licence granted to you or a right for you to repurchase the land, (ii) or an easement or covenant over the land in favour of you creation of an option to purchase land in favour of you; creation by you of a charge over your land; transfer by you of an interest in your land to a Trustee of a Trust of which you are a beneficiary; transfer of land to your spouse or by your spouse to a third party whereby you continue to occupy the land; 				
and move to	Nothing to Declare, select the word 'Nil' in the Section I	ie aujaceni box		N	IL
Should you	require more detailed explanation on the int and 188(2) of the Local Governme				to Clauses 188(1)
1 PARTICULARS OF EACH DISPOSITION OF REAL PROPERTY BY ME AT ANY TIME DURING THE RETURN PERIOD AS A RESULT OF WHICH I RETAINED, EITHER WHOLLY OR IN PART, THE USE AND BENEFIT OF THE PROPERTY OR THE RIGHT TO REACQUIRE THE PROPERTY AT A LATER DATE					
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
2 PARTICULARS OF EACH DISPOSITION OF REAL PROPERTY TO A PERSON BY ANOTHER PERSON UNDER ARRANGEMENTS MADE BY ME, BEING DISPOSITIONS MADE AT ANY TIME DURING THE RETURN PERIOD, AS A RESULT OF WHICH I OBTAINED EITHER WHOLLY OR IN PART, THE USE AND BENEFIT OF THE PROPERTY					
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

I DISCRETIO	NARY DISCLOSURES	
A TIP: To be co	ompleted if you wish to make any additional disclosures	
	Declare, select the word 'Nil' in the adjacent Box e to complete this Return	NIL
MY SIGNATURE:		
DATE SIGNED:	26/07/2019	

NEXT STEPS:

- Ensure that wherever you had nothing to declare, that you have selected the word 'NIL' from the dropdrown lists.
- Print the form.
- Sign and date this page.
- Your form should then be forwarded to the Governance Coordinator at 2 Prince Street, Grafton

OPTIONAL STATUTORY DECLARATION:

Did you complete the optional Statutory Declaration on the next page?

If 'YES', make sure that you have listed the reasons for completing the form and then have your signature witnessed by a Justice of the Peace before submitting your Disclosure of Interest Form.





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

COMPLETION OF THE FOLLOWING STATUTORY DECLARATION IS OPTIONAL

The declaration should be completed only if you want to withhold your place of living from the version of your Return which is made available for public inspection. Reasons for withholding your place of living must be detailed in the declaration.

STATUTORY DECLARATION

Request for Protection of Privacy (place of living) Local Government Act 1993, Section 739

I,	
of	
in the State of New South Wales, do solemnly and sincerely dec	lare as follows –
	Other Matters that is available, or is to be made available, for public pared or amended so as to omit or remove any matter that would
I consider that the disclosure of my place of living would place, of my family, at risk for the reason(s) that	or places, my personal safety, or the personal safety of members of
LIST YOUR REASONS HERE -	
And I make this solemn declaration conscientiously belief the Oaths Act, 1900.	ving the same to be true and by virtue of the provisions of
Subscribed and declared at:	
Thisday of	
20	
	My Signature
before me:	
1	a ID for NCW
(Full name of JP)	_ a JP for NSW certify (JP Registration Number)
(Tick a box that applies)	
1 I saw the face of the declarant	
☐ I did not see the face of the declarant because he/she had a special justification for not removing	ne/she was wearing a face covering, but I am satisfied that
(Tick a box that applies)	ii, and
2	
☐ I confirmed the person's identity with	
	(Describe identification document relied on [PTO)
(Signature of JP)	(Date)
(Signature or or)	(Date)





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR



近 NOTES FOR COMPLETING THE OPTIONAL STATUTORY DECLARATION

A person's identify can be confirmed with any one of the following approved identification documents, unless the document has expired or been cancelled. However, an Australian passport is acceptable if it expired no more than 2 years ago -

- a driver's licence or permit with a photograph, whether issued in Australia or another country
- a NSW photo card issued under Photo Card Act 2005
- an Australian proof of age card which contains the person's photograph
- an Australian passport (either current or expired less than 2 years ago)
- a passport or similar document with the person's photograph and signature issued by another country or by the United Nations
- a national identity card with the person's photograph and signature issued by another country or the United Nations (with an English language translation if not in English)
- an Australian citizenship certificate
- a foreign citizenship certificate (with an English language translation if not in English)
- a birth certificate or birth extract, whether issued in Australia, another country or by the United Nations (with an English language translation if not in English)
- a Centrelink pension card
- a credit card or passbook
- an account from a bank, building society or credit union, or statement of account up to one year old
- a Medicare card, pension concession card, Department of Veteran's Affairs entitlement card or other entitlement card issued by the Federal or any State Government
- an electoral enrolment card or other evidence of enrolment as an elector up to 2 years old, or
- a student identity card, or a certificate or statement of enrolment up to 2 years old from an educational institution

A copy of an identification document is acceptable if certified as a true copy by:

- any justice of the peace,
- notary public,
- commissioner of the court for taking affidavits,
- Australian legal practitioner authorised to take and receive any affidavit,
- the NSW Registrar-General,
- a Deputy Registrar-General,
- or other person by law authorised to administer an oath.

The certifier and the witness cannot be the same person.



MY FULL NAME

DISCLOSURE OF INTERESTS

SURNAME: MAGUIRE

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

For further information please read the Office of Local Government's Self help guide for completion of returns

GIVEN NAME: KENNETH

Ensure that wherever you have nothing to declare, that you have selected the word 'NIL' from the drop-drown lists.

	RETURN PERIOD: 1	JULY 2018 TO 30 JUNE	2019
A REAL	PROPERTY		
Australia	You must include: (i) either the postal addres that you had an interest in at any time during the ary, Occupier or Other	ses OR particulars of title, i.e. Lot an Return Period; (ii) the Nature of your	nd DP (or SP) of properties anywhere in Interest, i.e. Owner, Part Owner, Lessee,
Address of eac Return Period	ch parcel of real property in which I had an	interest at any time during the	Nature of my Interest: Select from the drop-down list
MY PLACE(S	S) OF RESIDENCE:		
No:	Street:	Lot & DP:	Lessee
Suburb: Grafto	n	State: NSW	
No:	Street:	Lot & DP:	SELECT FROM LIST BELOW
Suburb:		State:	
OTHER REA	L PROPERTY POSTAL ADDRESS DE	TAILS:	
No:	Street:	Lot & DP:	OF LEAT EDOM LIOT DELOW
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	OF LEGT EDOM LIGT BELOW
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	OF LEGT EDOM LIGT BELOW
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	
Suburb:		State:	SELECT FROM LIST BELOW

If insufficient space, please attach a schedule to this form.

clarence

Please tick if adding an attachment

B SOURCES OF INCOM	IE		
A TIP: Only provide information w	nere the amount of inc	come from an occupation, a Trust or other	source, exceeded \$500.
1 SOURCES OF MY INCOM (sources, not amounts, of inc		CUPATION(S) n my Occupation(s) at any time durin	g the Return Period)
Position Held e.g. Labourer, Cadet, Project Officer, Manager, etc.	Descrip	e and Address of Employer or otion of Office held (if applicable) nclude business name & business ac	Name of Partnership (if applicable)
Ranger	CLARENCE VALL 2 Prince Street GRAFTON NSW		
	ınts, I received from	n a Trust during the Return Period)	NIL
If you have Nothing to Declar e, select	the word in the	e adjacent Box	NIL
NAME AND ADDRESS O A TIP: The 'Settlor' is the name of a		NAME AND A	DDRESS OF TRUSTEE
\#\/	t amounts, I receive	ed at any time during the Return Pen	
	cription sufficient to ide	from rental property, investments, busine entify the person, property or business ac	ess activities, welfare payments; ctivity from whom, or the circumstances in
If you have Nothing to Declare, select	the word 'Nil' in the	adjacent Box	NIL
C GIFTS			
A TIP: Only include description of	a single gift or multiple	e gifts from the same donor, the total valu	e of which exceeded \$500
If you have Nothing to Declare, select and move to Section D	the word 'Nil' in the	adjacent Box	NIL
If you declare a gift 0 then you MUS on Council's Intranet	T also complete a	Gifts and Benefits Declaration Form	n the Councillors Dropbox or located
DESCRIPTION OF EACH GIFT RECEIVE TIME DURING THE RETURN		NAME AND ADDRE	ESS OF GIFT DONOR

DISCLOSURE OF INTERESTS
ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

A TIP: Do not include payments by Council for you	ur work-related travel		
f you have Nothing to Declare, select the word 'Nil' and move to Section E	in the adjacent Box	٥	NIL
NAME AND ADDRESS OF EACH PERSON WHO MAD GREATER THAN \$250 FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVEL UNDERTAKEN BY I DURING THE RETURN PERIOD		VEL WAS	NAME OF STATES, TERRITORIES OF THE COMMONWEALTH AND OTHER COUNTRIES IN WHICH TRAVEL WAS UNDERTAKEN
INTERESTS AND POSITIONS I TIPS: (i) Declare only if your shareholding was generated (not Shareholder) you held in a Corporation (included)	reater than 10% of voting r	ights in the corporation	(ii) You must declare any position
Corporation or the position was a paid position	ang not for pront corporation	ny saon as Bheolor, wi	iction of flot you field shares in th
f you have Nothing to Declare, select the word 'Nil' i	n the adjacent Box	•	NIL
f you have Nothing to Declare, select the word 'Nil' i and move to Section F f you declare a Position ① you held in a Corporation terests Disclosure Form in the Councillors Dropbo	on that had a relationship		
and move to Section F f you declare a Position U you held in a Corporation	on that had a relationship		JST complete a Conflict of PRINCIPAL OBJECTS OF
and move to Section F f you declare a Position you held in a Corporation nterests Disclosure Form in the Councillors Dropbo NAME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION	on that had a relationship or located on <u>Council's</u> NATURE OF INTEREST (IF ANY)	Intranet DESCRIPTION OF POSITION (IF ANY) EG DIRECTOR, COMPANY	JST complete a Conflict of PRINCIPAL OBJECTS OF CORPORATION (EXCEPT IN
and move to Section F f you declare a Position you held in a Corporation nterests Disclosure Form in the Councillors Dropbo NAME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION	on that had a relationship of the confidence on Council's nature of Interest (IF ANY) EG SHAREHOLDER	Intranet DESCRIPTION OF POSITION (IF ANY) EG DIRECTOR, COMPANY SECRETARY DNAL OR BUS	PRINCIPAL OBJECTS OF CORPORATION (EXCEPT IN CASE OF LISTED COMPANY

IN WHICH I HELD ANY POSITION (WHETHER REMUNERATED OR NOT) AT ANY TIME DURING THE RETURN PERIOD

DESCRIPTION OF POSITION

G DEB	TS				
A TIP:	You do not need to provide information on (i) credit union or other financial institution such as	the amounts; (ii) debts for le for your home mortgage, cred	ess than \$500; it card or depa	(iii) debts to any re	lative, bank, building
If you have to	Nothing to Declare, select the word 'Nil' in the Section H	ne adjacent Box		N	IL
NAME AND	ADDRESS OF EACH PERSON OR ORGANISA DURI	ATION (CREDITOR) TO WHO NG THE RETURN PERIOD	M I WAS LIAB	BLE TO PAY ANY DE	EBT AT ANY TIME
	NAME OF CREDITOR		ADDRES	S OF CREDITOR	
					0
H DISP	OSITIONS OF REAL PROPE	RTY			
of each the right the rig	require more detailed explanation on the int and 188(2) of the Local Governme	ntities whereby you wholly or pod, the ability to use the land, lease or licence granted to you of a Trust of which you are a behird party whereby you continureceive a benefit, e.g. rent from the adjacent Box formation to be provided in the control of the co	ou or a right function on a right function occupy to the land. this Section, 005 or consu	the use of the proper for you to repurchas he land; No	erty; e the land, (ii) or an
RE'	RTICULARS OF EACH DISPOSITIO TURN PERIOD AS A RESULT OF W D BENEFIT OF THE PROPERTY OF TE	HICH I RETAINED, EI	THER WH	OLLY OR IN P.	ART, THE USE
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
UNI RE	RTICULARS OF EACH DISPOSITION DER ARRANGEMENTS MADE BY IN FURN PERIOD, AS A RESULT OF N D BENEFIT OF THE PROPERTY	IE, BEING DISPOSITION	ONS MADE	E AT ANY TIME	DURING THE
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:

DISCLOSURE OF INTERESTS

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

I DISCRETIONARY DISCLOSURES	
A TIP: To be completed if you wish to make any additional disclosures	
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and go to Sign and Date to complete this Return	NIL

MY SIGNATURE:	Ø			~
DATE SIGNED:	3/	7/2019.	,	

NEXT STEPS:

- Ensure that wherever you had nothing to declare, that you have selected the word 'NIL' from the dropdrown lists.
- Print the form.
- Sign and date this page.
- Your form should then be forwarded to the Governance Coordinator at 2 Prince Street, Grafton

OPTIONAL STATUTORY DECLARATION:

Did you complete the optional Statutory Declaration on the next page?

If 'YES', make sure that you have listed the reasons for completing the form and then have your signature witnessed by a Justice of the Peace before submitting your Disclosure of Interest Form.



DISCLOSURE OF INTERESTS

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

COMPLETION OF THE FOLLOWING STATUTORY DECLARATION IS OPTIONAL

The declaration should be completed only if you want to withhold your place of living from the version of your Return which is made available for public inspection. Reasons for withholding your place of living must be detailed in the declaration.

STATUTORY DECLARATION

Request for Protection of Privacy (place of living) Local Government Act 1993, Section 739

l,	
of	
in the State of New South Wales, do solemnly and sincerely dec	clare as follows –
I request that my Annual Return of Disclosure of Interests and Cinspection by or under the Local Government Act 1993 be predisclose, or discloses, my place of living.	Other Matters that is available, or is to be made available, for public pared or amended so as to omit or remove any matter that would
I consider that the disclosure of my place of living would place, omy family, at risk for the reason(s) that –	or places, my personal safety, or the personal safety of members of
LIST YOUR REASONS HERE -	
And I make this solemn declaration conscientiously belief the Oaths Act, 1900.	eving the same to be true and by virtue of the provisions of
Subscribed and declared at:	
Thisday of	
Thisday of	My Signature
·	
20	My Signature
20	
before me: I,	My Signature a JP for NSW certify
before me: I,	My Signature a JP for NSW certify (JP Registration Number)
before me: I,	My Signature _ a JP for NSW certify (JP Registration Number) the/she was wearing a face covering, but I am satisfied that
before me: I,	My Signature _ a JP for NSW certify (JP Registration Number) the/she was wearing a face covering, but I am satisfied that
before me: I,	My Signature _ a JP for NSW certify (JP Registration Number) the/she was wearing a face covering, but I am satisfied that
before me: I,	My Signature _ a JP for NSW certify (JP Registration Number) he/she was wearing a face covering, but I am satisfied that git, and
before me: I,	My Signature _ a JP for NSW certify (JP Registration Number) the/she was wearing a face covering, but I am satisfied that
before me: I,	My Signature _ a JP for NSW certify (JP Registration Number) he/she was wearing a face covering, but I am satisfied that git, and



DISCLOSURE OF INTERESTS

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

沁 NOTES FOR COMPLETING THE OPTIONAL STATUTORY DECLARATION

A person's identity can be confirmed with any one of the following approved identification documents, unless the document has expired or been cancelled. However, an Australian passport is acceptable if it expired no more than 2 years ago –

- a driver's licence or permit with a photograph, whether issued in Australia or another country
- a NSW photo card issued under Photo Card Act 2005
- an Australian proof of age card which contains the person's photograph
- an Australian passport (either current or expired less than 2 years ago)
- a passport or similar document with the person's photograph and signature issued by another country or by the United Nations
- a national identity card with the person's photograph and signature issued by another country or the United Nations (with an English language translation if not in English)
- an Australian citizenship certificate
- a foreign citizenship certificate (with an English language translation if not in English)
- a birth certificate or birth extract, whether issued in Australia, another country or by the United Nations (with an English language translation if not in English)
- a Centrelink pension card
- · a credit card or passbook
- an account from a bank, building society or credit union, or statement of account up to one year old
- a Medicare card, pension concession card, Department of Veteran's Affairs entitlement card or other entitlement card issued by the Federal or any State Government
- an electoral enrolment card or other evidence of enrolment as an elector up to 2 years old, or
- a student identity card, or a certificate or statement of enrolment up to 2 years old from an educational institution

A copy of an identification document is acceptable if certified as a true copy by:

- any justice of the peace,
- notary public,
- · commissioner of the court for taking affidavits,
- Australian legal practitioner authorised to take and receive any affidavit,
- the NSW Registrar-General,
- a Deputy Registrar-General,
- or other person by law authorised to administer an oath.

The certifier and the witness cannot be the same person.





MY FULL NAME

DISCLOSURE OF INTERESTS

SURNAME: MCANDREW

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

For further information please read the Office of Local Government's Self help guide for completion of returns

GIVEN NAME: KIERAN

Ensure that wherever you have nothing to declare, that you have selected the word 'NIL' from the drop-drown lists.

RETURN PERIOD: 1 JULY 2018 TO 30 JUNE 2019 **REAL PROPERTY** A TIP: You must include: (i) either the postal addresses OR particulars of title, i.e. Lot and DP (or SP) of properties anywhere in Australia that you had an interest in at any time during the Return Period; (ii) the Nature of your Interest, i.e. Owner, Part Owner, Lessee, Beneficiary, Occupier or Other Address of each parcel of real property in which I had an interest at any time during the Nature of my Interest: Select from Return Period the drop-down list 0 MY PLACE(S) OF RESIDENCE: No: Street: Lot & DP: Owner Suburb: State: NSW Street: Lot & DP: Nο. SELECT FROM LIST BELOW Suburb: State: OTHER REAL PROPERTY POSTAL ADDRESS DETAILS: Lot & DP: No: Street: SELECT FROM LIST BELOW Suburb: State: Lot & DP: No: Street: SELECT FROM LIST BELOW Suburb: State: Street: Lot & DP: No: SELECT FROM LIST BELOW Suburb: State: Lot & DP: Nο. Street: SELECT FROM LIST BELOW Suburb: State: No: Street: Lot & DP: SELECT FROM LIST BELOW Suburb: State: No: Street: Lot & DP: SELECT FROM LIST BELOW Suburb: State:

If insufficient space, please attach a schedule to this form.

clarence

Please tick if adding an attachment \square

DISCLOSURE OF INTERESTS

B SOURCES OF INCOME					
A TIP: Only provide information w	A TIP: Only provide information where the amount of income from an occupation, a Trust or other source, exceeded \$500.				
SOURCES OF MY INCOME (sources, not amounts, of income)			s) at any time during th	ne Return Period)	
Position Held e.g. Labourer, Cadet, Project Officer, Manager, etc. Floodplain Coordinator	Description If self employed income CLARENCE VALLE	lude business i	Employer or d (if applicable) name & business addre	Name of Partnership (if applicable)	
	2 Prince Street GRAFTON NSW 2	460			
SOURCES OF MY INCOM (sources of income, not amount)		-	he Return Period)		
If you have Nothing to Declar e, select			•	NIL	
NAME AND ADDRESS OF SETTLOR A TIP: The 'Settlor' is the name of a person who created the Trust NAME AND ADDRESS OF TRUSTEE					
3 OTHER SOURCES OF MY INCOME (sources of other income, not amounts, I received at any time during the Return Period)					
•	cription sufficient to iden			activities, welfare payments; y from whom, or the circumstances in	
If you have Nothing to Declare, select	the word 'Nil' in the a	djacent Box	>	NIL	
			•		
C GIFTS					
A TIP: Only include description of a single gift or multiple gifts from the same donor, the total value of which exceeded \$500					
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section D					
If you declare a gift then you MUS on Council's Intranet	If you declare a gift U then you MUST also complete a Gifts and Benefits Declaration Form in the Councillors Dropbox or located				
DESCRIPTION OF EACH GIFT RECEIVED TIME DURING THE RETURN			NAME AND ADDRESS	OF GIFT DONOR	



CONTRIBUTIONS TO TRAVEL

DISCLOSURE OF INTERESTS

A TIP. Do not include payments by Council for you	ir work-related travel			
If you have Nothing to Declare, select the word 'Nil' i and move to Section E	n the adjacent Box	•	NIL	
NAME AND ADDRESS OF EACH PERSON WHO MAD GREATER THAN \$250 FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVEL UNDERTAKEN BY N DURING THE RETURN PERIOD		_	NAME OF STATES, TERRITORIES OF THE COMMONWEALTH AND OTHER COUNTRIES IN WHICH TRAVEL WAS UNDERTAKEN	
	-			
E INTERESTS AND POSITIONS I	N CORPORATIO	NS		
TIPS: (i) Declare only if your shareholding was g (not Shareholder) you held in a Corporation (include Corporation or the position was a paid position	reater than 10% of voting r ling not-for-profit corporation	ights in the corpora n) such as Director	tion (ii) You must declare any position r, whether or not you held shares in the	
If you have Nothing to Declare, select the word 'Nil' i and move to Section F	n the adjacent Box	•	Refer Below	
If you declare a Position U you held in a Corporation Interests Disclosure Form in the Councillors Dropbox			MUST complete a Conflict of	
NAME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION AT ANY TIME DURING THE RETURN PERIOD	NATURE OF INTEREST (IF ANY) EG SHAREHOLDER	DESCRIPTION POSITION (IF A EG DIRECTOR, COMI SECRETARY	NY) PRINCIPAL OBJECTS OF	
CLARENCE VALLEY ANGLICAN SCHOOL COUNCIL INC. – 39 VICTORIA STREET GRAFTON	SCHOOL COUNCIL MEMBER	CHAIR	EDUCATION	
F POSITIONS IN TRADE UNIONS	OR PROFESSIO	NAL OR BU	JSINESS ASSOCIATIONS	
A TIP: Do not include general membership but inc	lude details of any positions	held whether remu	nerated or not	
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section G				
NAME OF EACH TRADE UNION AND EACH PROFE: IN WHICH I HELD ANY POSITION (WHETH AT ANY TIME DURING THE F	IER REMUNERATED OR N		DESCRIPTION OF POSITION	



DISCLOSURE OF INTERESTS

G DEB	G DEBTS				
A TIP: society,	You do not need to provide information on (i) credit union or other financial institution such as	the amounts; (ii) debts for le	ess than \$500 lit card or dep	; (iii) debts to any rel artment store	lative, bank, building
If you have N	Nothing to Declare, select the word 'Nil' in the Section H	ne adjacent Box	•	N	IIL
NAME AND	ADDRESS OF EACH PERSON OR ORGANISA DURI	ATION (CREDITOR) TO WHO	M I WAS LIA	BLE TO PAY ANY DE	EBT AT ANY TIME
	NAME OF CREDITOR		ADDRES	SS OF CREDITOR	
H DISP	OSITIONS OF REAL PROPE	RTY			
of each the right the	You must disclose details: h disposal of real property since your last return ht to repurchase the property; h disposal of real property by other persons or end al includes — rant of a lease or licence for all or part of the lan- nortgage over your land, rant of easement over land by which you retain to ale of land (or grant of option by you) with (i) a asement or covenant over the land in favour of your on of an option to purchase land in favour of your on by you of a charge over your land; er by you of an interest in your land to a Trustee er of land to your spouse or by your spouse to a serior of title of your land subject to you continuing to	ntities whereby you wholly or partities whereby you wholly or partition, he ability to use the land, lease or licence granted to you of a Trust of which you are a bathird party whereby you continuo receive a benefit, e.g. rent from	oartly obtained vou or a right peneficiary; ue to occupy	d the use of the proper for you to repurchas	erty;
If you have N and move to	Nothing to Declare, select the word 'Nil' in the Section I	ne adjacent Box		N	IIL
Should you require more detailed explanation on the information to be provided in this Section, you should refer to Clauses 188(1) and 188(2) of the Local Government (General) Regulation 2005 or consult your solicitor					
RE'	RTICULARS OF EACH DISPOSITIO TURN PERIOD AS A RESULT OF V D BENEFIT OF THE PROPERTY OF TE	VHICH I RETAINED, E	ITHER WH	HOLLY OR IN P	ART, THE USE
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
UN RE	RTICULARS OF EACH DISPOSITION DER ARRANGEMENTS MADE BY I TURN PERIOD, AS A RESULT OF I D BENEFIT OF THE PROPERTY	ME, BEING DISPOSITI	ONS MAD	E AT ANY TIMI	E DURING THE
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

I DISCRETIONARY DISCLOSURES			
A TIP: To be completed if you wish to make any additional disclosures			
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and go to Sign and Date to complete this Return			

MY SIGNATURE:	
DATE SIGNED:	03/07/2019

NEXT STEPS:

- Ensure that wherever you had nothing to declare, that you have selected the word 'NIL' from the dropdrown lists.
- Print the form.
- Sign and date this page.
- Your form should then be forwarded to the Governance Coordinator at 2 Prince Street, Grafton

OPTIONAL STATUTORY DECLARATION:

Did you complete the optional Statutory Declaration on the next page?

If 'YES', make sure that you have listed the reasons for completing the form and then have your signature witnessed by a Justice of the Peace before submitting your Disclosure of Interest Form.





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

COMPLETION OF THE FOLLOWING STATUTORY DECLARATION IS OPTIONAL

The declaration should be completed only if you want to withhold your place of living from the version of your Return which is made available for public inspection. Reasons for withholding your place of living must be detailed in the declaration.

STATUTORY DECLARATION

Request for Protection of Privacy (place of living) Local Government Act 1993, Section 739

I,	
of	
in the State of New South Wales, do solemnly and sincerely declar	are as follows –
	ther Matters that is available, or is to be made available, for public ared or amended so as to omit or remove any matter that would
I consider that the disclosure of my place of living would place, or my family, at risk for the reason(s) that –	r places, my personal safety, or the personal safety of members of
LIST YOUR REASONS HERE -	
And I make this solemn declaration conscientiously believe the Oaths Act, 1900.	ving the same to be true and by virtue of the provisions of
Subscribed and declared at:	
Thisday of	
20	
	My Signature
before me:	
1	a JP for NSW certify
(Full name of JP)	(JP Registration Number)
(Tick a box that applies)	
1	
☐ I did not see the face of the declarant because he/she had a special justification for not removing	e/she was wearing a face covering, but I am satisfied that
(Tick a box that applies)	ii, and
2	
☐ I confirmed the person's identity with	
	(Describe identification document relied on [PTO)
(Signature of JP)	(Date)





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR



★ NOTES FOR COMPLETING THE OPTIONAL STATUTORY DECLARATION

A person's identify can be confirmed with any one of the following approved identification documents, unless the document has expired or been cancelled. However, an Australian passport is acceptable if it expired no more than 2 years ago -

- a driver's licence or permit with a photograph, whether issued in Australia or another country
- a NSW photo card issued under Photo Card Act 2005
- an Australian proof of age card which contains the person's photograph
- an Australian passport (either current or expired less than 2 years ago)
- a passport or similar document with the person's photograph and signature issued by another country or by the United Nations
- a national identity card with the person's photograph and signature issued by another country or the United Nations (with an English language translation if not in English)
- an Australian citizenship certificate
- a foreign citizenship certificate (with an English language translation if not in English)
- a birth certificate or birth extract, whether issued in Australia, another country or by the United Nations (with an English language translation if not in English)
- a Centrelink pension card
- a credit card or passbook
- an account from a bank, building society or credit union, or statement of account up to one year old
- a Medicare card, pension concession card, Department of Veteran's Affairs entitlement card or other entitlement card issued by the Federal or any State Government
- an electoral enrolment card or other evidence of enrolment as an elector up to 2 years old, or
- a student identity card, or a certificate or statement of enrolment up to 2 years old from an educational institution

A copy of an identification document is acceptable if certified as a true copy by:

- any justice of the peace,
- notary public,
- commissioner of the court for taking affidavits,
- Australian legal practitioner authorised to take and receive any affidavit,
- the NSW Registrar-General,
- a Deputy Registrar-General,
- or other person by law authorised to administer an oath.

The certifier and the witness cannot be the same person.



MY FULL NAME

DISCLOSURE OF INTERESTS

SURNAME: WILSON

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

For further information please read the Office of Local Government's Self help guide for completion of returns

GIVEN NAME: KENNETH

Ensure that wherever you have nothing to declare, that you have selected the word 'NIL' from the drop-drown lists.

	RETURN PERIOD: 1	JULY 2016 10 30 JUNE	2019
A REAL	PROPERTY		
Australia	You must include: (i) either the postal addres that you had an interest in at any time during the ary, Occupier or Other	ses OR particulars of title, i.e. Lot ar Return Period; (ii) the Nature of your	nd DP (or SP) of properties anywhere in Interest, i.e. Owner, Part Owner, Lessee,
	ch parcel of real property in which I had an	interest at any time during the	Nature of my Interest: Select from the drop-down list
MY PLACE(S	s) OF RESIDENCE:		
No:	Street:	Lot & DP:	Part Owner
Suburb: Junction	on Hill	State: NSW	
No:	Street:	Lot & DP:	SELECT FROM LIST BELOW
Suburb:	Francis (MACA)	State:	
OTHER REA	L PROPERTY POSTAL ADDRESS DE	TAILS:	
No:	Street:	Lot & DP:	Part Owner
Suburb: Yamba	a	State: NSW	Part Owner
No:	Street:	Lot & DP:	Part Owner
Suburb: Varsity	y Lakes	State: Qld	Part Owner
No:	Street:	Lot & DP:	SELECT FROM LIST BELOW
Suburb:		State:	SELECT FROM LIST BLLOW
No:	Street:	Lot & DP:	SELECT FROM LIST BELOW
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	SELECT FROM LIST BELOW
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	SELECT FROM LIST BELOW
Suburb:		State:	SELECT FROM LIST BELOW

If insufficient space, please attach a schedule to this form.

Please tick if adding an attachment \Box

B SOURCES OF INCOM	1E			
A TIP: Only provide information w	here the amount of ir	ncome from an occupation, a Tr	rust or other source,	exceeded \$500.
⇒ 1 SOURCES OF MY INCOME (sources, not amounts, of income) (sources) 1 SOURCES OF MY INCOME (sources) 1 SOURCES 1 SOUR	ME FROM AN O	CCUPATION(S) m my Occupation(s) at any	time during the Re	turn Period)
Position Held e.g. Labourer, Cadet, Project Officer, Manager, etc.	Nar Descr	ne and Address of Employe iption of Office held (if applice include business name & business n	r or cable)	Name of Partnership (if applicable)
Coordinator	CLARENCE VAL 2 Prince Street GRAFTON NSW	LEY COUNCIL	Joiness address	
2 SOURCES OF MY INCOM (sources of income, not amount)	ınts, I received froi	m a Trust during the Return		
If you have Nothing to Declar e, select	the word 'Nil' in th	e adjacent Box		NIL
NAME AND ADDRESS O		NAM	E AND ADDRESS	OF TRUSTEE
(Sources of other income, noted) TIPS: a Other Sources of Income b You must include a description which, that income was re-	at amounts, I receive e may include income pription sufficient to id	e from rental property, investme	nts, business activitie	es, welfare payments; n whom, or the circumstances in
If you have Nothing to Declare, select	the word 'Nil' in the	e adjacent Box		Refer Below
Rental income from Yamba & Varsity L	akes properties		1	
		9		
C GIFTS				
A TIP: Only include description of a	a single gift or multipl	e gifts from the same donor, the	e total value of which	exceeded \$500
If you have Nothing to Declare, select t and move to Section D	he word 'Nil' in the	adjacent Box		NIL
If you declare a gift $oldsymbol{\mathbb{Q}}$ then you MUS on <u>Council's Intranet</u>	T also complete a	Gifts and Benefits Declaration	on Form in the Cou	uncillors Dropbox or located
DESCRIPTION OF EACH GIFT RECEIVE TIME DURING THE RETURN F		NAME AN	ND ADDRESS OF GI	FT DONOR
		,		
				-

CONTRIBUTIONS TO TRAVEL

DISCLOSURE OF INTERESTS

Z A TIP: Do not include payments by Council for you have Nothing to Declare, select the word 'Nil' i and move to Section E			NIL	
NAME AND ADDRESS OF EACH PERSON WHO MAD GREATER THAN \$250 FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVEL UNDERTAKEN BY N DURING THE RETURN PERIOD	EATER THAN \$250 FINANCIAL OR OTHER BUTION TO ANY TRAVEL UNDERTAKEN BY ME DATES TRAVEL WAS		NAME OF STATES, TERRITORIES OF THE COMMONWEALTH AND OTHER COUNTRIES IN WHICH TRAVEL WAS UNDERTAKEN	
E INTERESTS AND POSITIONS I	N CORPORATIO	NS		
TIPS: (i) Declare only if your shareholding was go (not Shareholder) you held in a Corporation (included Corporation or the position was a paid position	greater than 10% of voting ri ding not-for-profit corporation	ghts in the corporation n) such as Director, whe	(ii) You must declare any position ether or not you held shares in the	
If you have Nothing to Declare, select the word 'Nil' i and move to Section F	in the adjacent Box		NIL	
If you declare a Position $oldsymbol{oldsymbol{0}}$ you held in a Corporation Interests Disclosure Form in the Councillors Dropboo			ST complete a Conflict of	
NAME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION AT ANY TIME DURING THE RETURN PERIOD	N NATURE OF INTEREST POSITION (IF AN		PRINCIPAL OBJECTS OF CORPORATION (EXCEPT IN CASE OF LISTED COMPANY	
F POSITIONS IN TRADE UNIONS	OR PROFESSIC	NAL OR BUSI	NESS ASSOCIATION	
A TIP: Do not include general membership but inc				
If you have Nothing to Declare, select the word 'Nil' i and move to Section G	in the adjacent Box	0	NIL	
NAME OF EACH TRADE UNION AND EACH PROFE IN WHICH I HELD ANY POSITION (WHETH AT ANY TIME DURING THE F	IER REMUNERATED OR N	SSOCIATION OT)	DESCRIPTION OF POSITION	
	1 2 7/2 2 ₁ 2 <u>1</u>			
3627	- 3 - 1	4 12		

DISCLOSURE OF INTERESTS

G DEB	TS				
A TIP society,	You do not need to provide information on (i) credit union or other financial institution such as	the amounts; (ii) debts for k for your home mortgage, cred	ess than \$500 dit card or dep	0; (iii) debts to any re partment store	lative, bank, building
If you have I and move to	Nothing to Declare, select the word 'Nil' in the Section H	ne adjacent Box	•	N	IL
NAME AND	ADDRESS OF EACH PERSON OR ORGANISA	ATION (CREDITOR) TO WHO	DM I WAS LIA	BLE TO PAY ANY D	EBT AT ANY TIME
	NAME OF CREDITOR		ADDRE	SS OF CREDITOR	
9					
H DISF	POSITIONS OF REAL PROPE	DTV	to be seen		
of each the right of each the	You must disclose details: th disposal of real property since your last return that to repurchase the property; th disposal of real property by other persons or e the sal includes — trant of a lease or licence for all or part of the lan the nortgage over your land, trant of easement over land by which you retain the tale of land (or grant of option by you) with (i) a tale of land (or grant of option by you) with (i) a tale of an option to purchase land in favour of you the on of an option to purchase land in favour of you the option of an interest in your land; the of your of an interest in your land to a Trustee the of land to your spouse or by your spouse to a ter of title of your land subject to you continuing to the option of the land in the land to the option of the land to the land subject the word 'Nil' in the the section I	ntities whereby you wholly or particles, whereby you wholly or particles, and the ability to use the land, lease or licence granted to you are a kind party whereby you continuous receive a benefit, e.g. rent from a adjacent Box	partly obtained you or a right peneficiary; the to occupy om the land.	for you to repurchas the land; N n, you should refer	erty; e the land, (ii) or an
RE	RTICULARS OF EACH DISPOSITIO TURN PERIOD AS A RESULT OF V D BENEFIT OF THE PROPERTY OI TE	VHICH I RETAINED, E	ITHER WI	HOLLY OR IN P	ART, THE USE
No:	Street:	Lot & DP:	Suburb:	v	State:
No:	Street:	Lot & DP:	Suburb:	7 7 7	State:
No:	Street:	Lot & DP:	Suburb:		State:
UN RE	RTICULARS OF EACH DISPOSITION DER ARRANGEMENTS MADE BY N FURN PERIOD, AS A RESULT OF N D BENEFIT OF THE PROPERTY	IE, BEING DISPOSITION	ONS MAD	E AT ANY TIME	DURING THE
No:	Street:	Lot & DP:	Suburb:	,	State:
No:	Street:	Lot & DP:	Suburb:	-	State:
No:	Street:	Lot & DP:	Suburb:		State:

DISCLOSURE OF INTERESTS

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

DISCRETIONARY DISCLOSURES	
A TIP: To be completed if you wish to make any additional disclosures	
f you have Nothing to Declare, select the word 'Nil' in the adjacent Box and go to Sign and Date to complete this Return	NIL

MY SIGNATURE:		
DATE SIGNED:	8-7-2019	

NEXT STEPS:

- Ensure that wherever you had nothing to declare, that you have selected the word 'NIL' from the dropdrown lists.
- Print the form.
- Sign and date this page.
- Your form should then be forwarded to the Governance Coordinator at 2 Prince Street, Grafton

OPTIONAL STATUTORY DECLARATION:

Did you complete the optional Statutory Declaration on the next page?

If 'YES', make sure that you have listed the reasons for completing the form and then have your signature witnessed by a Justice of the Peace before submitting your Disclosure of Interest Form.





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

COMPLETION OF THE FOLLOWING STATUTORY DECLARATION IS OPTIONAL

The declaration should be completed only if you want to withhold your place of living from the version of your Return which is made available for public inspection. Reasons for withholding your place of living must be detailed in the declaration.

STATUTORY DECLARATION

Request for Protection of Privacy (place of living) Local Government Act 1993. Section 739 ١, of in the State of New South Wales, do solemnly and sincerely declare as follows -I request that my Annual Return of Disclosure of Interests and Other Matters that is available, or is to be made available, for public inspection by or under the Local Government Act 1993 be prepared or amended so as to omit or remove any matter that would disclose, or discloses, my place of living. I consider that the disclosure of my place of living would place, or places, my personal safety, or the personal safety of members of my family, at risk for the reason(s) that -LIST YOUR REASONS HERE -And I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Oaths Act, 1900. Subscribed and declared at: Thisday of 20 My Signature before me: certify (Full name of JP) (JP Registration Number) (Tick a box that applies) ☐ I saw the face of the declarant I did not see the face of the declarant because he/she was wearing a face covering, but I am satisfied that he/she had a special justification for not removing it, and (Tick a box that applies) ☐ I have known the person for at least 12 months ☐ I confirmed the person's identity with (Describe identification document relied on [PTO)

(Date)

(Signature of JP)



MY FULL NAME

DISCLOSURE OF INTERESTS

SURNAME: BLACK

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

For further information please read the Office of Local Government's Self help guide for completion of returns

GIVEN NAME: LAURA

Ensure that wherever you have nothing to declare, that you have selected the word 'NIL' from the drop-drown lists.

	RETURN PERIOD. 1	JULY 2016 TO 30 JUNE	2019
A REAL	PROPERTY		
Australia	You must include: (i) either the postal addres that you had an interest in at any time during the ary, Occupier or Other		
Address of eac Return Period	ch parcel of real property in which I had an	interest at any time during the	Nature of my Interest: Select from the drop-down list
MY PLACE(S	S) OF RESIDENCE:		
No:	Street:	Lot & DP:	Part Owner
Suburb: YAMBA		State: NSW	
No:	Street:	Lot & DP:	SELECT FROM LIST BELOW
Suburb:		State:	
OTHER REA	L PROPERTY POSTAL ADDRESS DE	TAILS:	
No:	Street:	Lot & DP:	
Suburb: NEWC	CASTLE WEST	State: NSW	Owner
No:	Street:	Lot & DP:	0
Suburb: MERM	MAID WATERS	State: QLD	Owner
No:	Street:	Lot & DP:	CELECT EDOM LICT DELOW
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	OF LEGT EDOM LIGT DELOW
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	OF LEGT EDOM LIGT DELOW
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	OF LEGT EDOM LIGT BELOW
Suburb:		State:	SELECT FROM LIST BELOW

If insufficient space, please attach a schedule to this form.



Please tick if adding an attachment

DISCLOSURE OF INTERESTS

B SOURCES OF INCOME						
A TIP: Only provide information where the amount of income from an occupation, a Trust or other source, exceeded \$500.						
SOURCES OF MY INCOME FROM AN OCCUPATION(S) (sources, not amounts, of income I received from my Occupation(s) at any time during the Return Period)						
Position Held e.g. Labourer, Cadet, Project Officer, Manager, etc. Name and Address of Employer or Description of Office held (if applicable) If self employed include business name & business address					Name of Partnership (if applicable)	
Director Corporate & Governance	CLARENCE VALL 2 Prince Street GRAFTON NSW	EY COUNCIL			NIL	
SOURCES OF MY INCOME (sources of income, not amount a		_	the Return Period)			
If you have Nothing to Declar e, select	the word 'Nil' in the	adjacent Box			NIL	
NAME AND ADDRESS C A TIP: The 'Settlor' is the name of a		st	NAME AND A	DDRESS	S OF TRUSTEE	
3 OTHER SOURCES OF M (sources of other income, no		ed at any time o	during the Return Pe	riod)		
Other Sources of Incom b You must include a deswhich, that income was	cription sufficient to ide				ies, welfare payments; n whom, or the circumstances in	
If you have Nothing to Declare, select	the word 'Nil' in the	adjacent Box	-		Refer Below	
Income from rental properties						
Income from investments						
C GIFTS						
A TIP: Only include description of	a single gift or multiple	e gifts from the sa	me donor, the total val	ue of whic	h exceeded \$500	
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section D						
If you declare a gift then you MUST also complete a Gifts and Benefits Declaration Form in the Councillors Dropbox or located on Council's Intranet						
	DESCRIPTION OF EACH GIFT RECEIVED BY ME AT ANY TIME DURING THE RETURN PERIOD NAME AND ADDRESS OF GIFT DONOR					



D

CONTRIBUTIONS TO TRAVEL

DISCLOSURE OF INTERESTS

A TIP: Do not include payments by Council for yo	ur work-related travel				
If you have Nothing to Declare, select the word 'Nil' and move to Section E	>	NIL			
NAME AND ADDRESS OF EACH PERSON WHO MAE GREATER THAN \$250 FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVEL UNDERTAKEN BY DURING THE RETURN PERIOD	NAME OF STATES, TERRITORII OF THE COMMONWEALTH AN OTHER COUNTRIES IN WHICH TRAVEL WAS UNDERTAKEN	ID H			
E INTERESTS AND POSITIONS	IN CORPORATIO	NS			
TIPS: (i) Declare only if your shareholding was a (not Shareholder) you held in a Corporation (include Corporation or the position was a paid position	greater than 10% of voting r ding not-for-profit corporatio	ights in the corporat n) such as Director	tion (ii) You must declare any pos , whether or not you held shares in	ition the	
If you have Nothing to Declare, select the word 'Nil' and move to Section F	in the adjacent Box	•	NIL		
If you declare a Position you held in a Corporation that had a relationship with Council, you MUST complete a Conflict of Interests Disclosure Form in the Councillors Dropbox or located on Council's Intranet					
NAME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION AT ANY TIME DURING THE RETURN PERIOD	NATURE OF INTEREST (IF ANY) EG SHAREHOLDER	DESCRIPTION (POSITION (IF AI EG DIRECTOR, COMP SECRETARY	F ANY) COMPANY COMPANY COMPANY CORPORATION (EXCEPT		
F POSITIONS IN TRADE UNIONS	OR PROFESSIO	NAL OR BU	JSINESS ASSOCIATION	NC	
A TIP: Do not include general membership but in	clude details of any positions	held whether remu	nerated or not		
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section G					
NAME OF EACH TRADE UNION AND EACH PROFESSIONAL OR BUSINESS ASSOCIATION IN WHICH I HELD ANY POSITION (WHETHER REMUNERATED OR NOT) AT ANY TIME DURING THE RETURN PERIOD DESCRIPTION OF POSITION					



DISCLOSURE OF INTERESTS

G DEB	TS				
A TIP: society,	You do not need to provide information on (i) credit union or other financial institution such as	the amounts; (ii) debts for le	ess than \$500 lit card or dep	; (iii) debts to any rel artment store	lative, bank, building
If you have N	Nothing to Declare, select the word 'Nil' in the Section H	ne adjacent Box	•	N	IIL
NAME AND	ADDRESS OF EACH PERSON OR ORGANISA DURI	ATION (CREDITOR) TO WHO	M I WAS LIA	BLE TO PAY ANY DE	EBT AT ANY TIME
	NAME OF CREDITOR		ADDRES	SS OF CREDITOR	
H DISP	OSITIONS OF REAL PROPE	RTY			
of each the right the	You must disclose details: h disposal of real property since your last return ht to repurchase the property; h disposal of real property by other persons or end al includes — rant of a lease or licence for all or part of the lan- nortgage over your land, rant of easement over land by which you retain to ale of land (or grant of option by you) with (i) a asement or covenant over the land in favour of your on of an option to purchase land in favour of your on by you of a charge over your land; er by you of an interest in your land to a Trustee er of land to your spouse or by your spouse to a serior of title of your land subject to you continuing to	ntities whereby you wholly or partities whereby you wholly or partition, he ability to use the land, lease or licence granted to you of a Trust of which you are a bathird party whereby you continuo receive a benefit, e.g. rent from	oartly obtained vou or a right peneficiary; ue to occupy	d the use of the proper for you to repurchas	erty;
If you have N and move to	Nothing to Declare, select the word 'Nil' in the Section I	ne adjacent Box		N	IIL
Should you	require more detailed explanation on the in and 188(2) of the Local Governme				to Clauses 188(1)
RE [®]	1 PARTICULARS OF EACH DISPOSITION OF REAL PROPERTY BY ME AT ANY TIME DURING THE RETURN PERIOD AS A RESULT OF WHICH I RETAINED, EITHER WHOLLY OR IN PART, THE USE AND BENEFIT OF THE PROPERTY OR THE RIGHT TO REACQUIRE THE PROPERTY AT A LATER DATE				
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
2 PARTICULARS OF EACH DISPOSITION OF REAL PROPERTY TO A PERSON BY ANOTHER PERSON UNDER ARRANGEMENTS MADE BY ME, BEING DISPOSITIONS MADE AT ANY TIME DURING THE RETURN PERIOD, AS A RESULT OF WHICH I OBTAINED EITHER WHOLLY OR IN PART, THE USE AND BENEFIT OF THE PROPERTY					
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

I DISCRETIONARY DISCLOSURES					
A TIP: To be completed if you wish to make any additional disclosures					
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and go to Sign and Date to complete this Return					

MY SIGNATURE:	
DATE SIGNED:	23/07/2019

NEXT STEPS:

- Ensure that wherever you had nothing to declare, that you have selected the word 'NIL' from the dropdrown lists.
- Print the form.
- Sign and date this page.
- Your form should then be forwarded to the Governance Coordinator at 2 Prince Street, Grafton

OPTIONAL STATUTORY DECLARATION:

Did you complete the optional Statutory Declaration on the next page?

If 'YES', make sure that you have listed the reasons for completing the form and then have your signature witnessed by a Justice of the Peace before submitting your Disclosure of Interest Form.





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

COMPLETION OF THE FOLLOWING STATUTORY DECLARATION IS OPTIONAL

The declaration should be completed only if you want to withhold your place of living from the version of your Return which is made available for public inspection. Reasons for withholding your place of living must be detailed in the declaration.

STATUTORY DECLARATION

Request for Protection of Privacy (place of living) Local Government Act 1993, Section 739

I,					
of					
in the State of New South Wales, do solemnly and sincerely declar	are as follows –				
	ther Matters that is available, or is to be made available, for public ared or amended so as to omit or remove any matter that would				
I consider that the disclosure of my place of living would place, or places, my personal safety, or the personal safety of members of my family, at risk for the reason(s) that —					
LIST YOUR REASONS HERE -					
And I make this solemn declaration conscientiously believe the Oaths Act, 1900.	ving the same to be true and by virtue of the provisions of				
Subscribed and declared at:					
Thisday of					
20					
	My Signature				
before me:					
1	a JP for NSW certify				
(Full name of JP)	(JP Registration Number)				
(Tick a box that applies)					
1					
☐ I did not see the face of the declarant because he/she had a special justification for not removing	e/she was wearing a face covering, but I am satisfied that				
(Tick a box that applies)	ii, and				
2					
☐ I confirmed the person's identity with					
	(Describe identification document relied on [PTO)				
(Signature of JP)	(Date)				





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR



★ NOTES FOR COMPLETING THE OPTIONAL STATUTORY DECLARATION

A person's identify can be confirmed with any one of the following approved identification documents, unless the document has expired or been cancelled. However, an Australian passport is acceptable if it expired no more than 2 years ago -

- a driver's licence or permit with a photograph, whether issued in Australia or another country
- a NSW photo card issued under Photo Card Act 2005
- an Australian proof of age card which contains the person's photograph
- an Australian passport (either current or expired less than 2 years ago)
- a passport or similar document with the person's photograph and signature issued by another country or by the United Nations
- a national identity card with the person's photograph and signature issued by another country or the United Nations (with an English language translation if not in English)
- an Australian citizenship certificate
- a foreign citizenship certificate (with an English language translation if not in English)
- a birth certificate or birth extract, whether issued in Australia, another country or by the United Nations (with an English language translation if not in English)
- a Centrelink pension card
- a credit card or passbook
- an account from a bank, building society or credit union, or statement of account up to one year old
- a Medicare card, pension concession card, Department of Veteran's Affairs entitlement card or other entitlement card issued by the Federal or any State Government
- an electoral enrolment card or other evidence of enrolment as an elector up to 2 years old, or
- a student identity card, or a certificate or statement of enrolment up to 2 years old from an educational institution

A copy of an identification document is acceptable if certified as a true copy by:

- any justice of the peace,
- notary public,
- commissioner of the court for taking affidavits,
- Australian legal practitioner authorised to take and receive any affidavit,
- the NSW Registrar-General,
- a Deputy Registrar-General,
- or other person by law authorised to administer an oath.

The certifier and the witness cannot be the same person.





MY FULL NAME

DISCLOSURE OF INTERESTS

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

SURNAME: DAY

For further information please read the Office of Local Government's Self help guide for completion of returns

GIVEN NAME: LAURIE

Ensure that wherever you have nothing to declare, that you have selected the word 'NIL' from the drop-drown lists.

	RETURN PERIOD: 1	JULY 2018 TO 30 JUNE	2019
A REAL	PROPERTY		
Australia	You must include: (i) either the postal addres that you had an interest in at any time during the ary, Occupier or Other		
Address of eac Return Period	ch parcel of real property in which I had an	interest at any time during the	Nature of my Interest: Select from the drop-down list
MY PLACE(S	S) OF RESIDENCE:		
No:	Street:	Lot & DP:	Part Owner
Suburb: Yamba		State: NSW	
No:	Street:	Lot & DP:	SELECT FROM LIST BELOW
Suburb:		State:	
OTHER REA	L PROPERTY POSTAL ADDRESS DE	TAILS:	
No:	Street:	Lot & DP:	P. 10
Suburb: Yamba	a	State: NSW	Part Owner
No:	Street:	Lot & DP:	OF LEGT EDOM LIGT DELOW
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	OF LEGT EDOM LIGT DELOW
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	OF LEAT EDOM LIOT BELOW
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	OF LEGT EDOM LIGT DELCT.
Suburb:		State:	SELECT FROM LIST BELOW
	·		

If insufficient space, please attach a schedule to this form.



Please tick if adding an attachment

DISCLOSURE OF INTERESTS

B SOURCES OF INCOME							
A TIP: Only provide information w	A TIP: Only provide information where the amount of income from an occupation, a Trust or other source, exceeded \$500.						
1 SOURCES OF MY INCOME FROM AN OCCUPATION(S) (sources, not amounts, of income I received from my Occupation(s) at any time during the Return Period)							
Position Held e.g. Labourer, Cadet, Project Officer, Manager, etc. Name and Address of Employer or Description of Office held (if applicable) If self employed include business name & business address				Name of Partnership (if applicable)			
Water Cycle Project Coordinator	CLARENCE VALL 2 Prince Street GRAFTON NSW		CIL				
Office Duties	Day2Day Carpet C	Cleaning			P & L Day		
Office Duties	AllDay Digging				P & L Day		
2 SOURCES OF MY INCOM (sources of income, not amount If you have Nothing to Declar e, select NAME AND ADDRESS OF MY INCOME. A TIP: The 'Settlor' is the name of a	unts, I received from the word 'Nil' in the F SETTLOR	a Trust de adjacent	Вох	ADDRESS	NIL S OF TRUSTEE		
	ot amounts, I receive e may include income cription sufficient to ide	from rental	property, investments, busin	ness activit	ies, welfare payments; n whom, or the circumstances in		
If you have Nothing to Declare, select	the word 'Nil' in the	adjacent E	3ox ⊃		Refer Below		
Rental income							
C GIFTS							
A TIP: Only include description of	a single gift or multiple	gifts from t		lue of whic	h exceeded \$500		
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section D							
If you declare a gift then you MUST also complete a Gifts and Benefits Declaration Form in the Councillors Dropbox or located on Council's Intranet							
	DESCRIPTION OF EACH GIFT RECEIVED BY ME AT ANY TIME DURING THE RETURN PERIOD NAME AND ADDRESS OF GIFT DONOR						

CONTRIBUTIONS TO TRAVEL

DISCLOSURE OF INTERESTS

A TIP: Do not include payments by Council for you	ur work-related travel					
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section E						
NAME AND ADDRESS OF EACH PERSON WHO MAD GREATER THAN \$250 FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVEL UNDERTAKEN BY DURING THE RETURN PERIOD	NAME OF STATES, TERRITORIES OF THE COMMONWEALTH AND OTHER COUNTRIES IN WHICH TRAVEL WAS UNDERTAKEN)				
E INTERESTS AND POSITIONS	N CORPORATIO	NS				
TIPS: (i) Declare only if your shareholding was go (not Shareholder) you held in a Corporation (include Corporation or the position was a paid position	greater than 10% of voting r ding not-for-profit corporatio	ights in the corporation) such as Director	ntion (ii) You must declare any posit r, whether or not you held shares in t	ion the		
If you have Nothing to Declare, select the word 'Nil' and move to Section F	in the adjacent Box	•	NIL			
If you declare a Position \bigcirc you held in a Corporation that had a relationship with Council, you MUST complete a Conflict of Interests Disclosure Form in the Councillors Dropbox or located on Council's Intranet						
NAME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION AT ANY TIME DURING THE RETURN PERIOD	NATURE OF INTEREST (IF ANY) EG SHAREHOLDER	DESCRIPTION (POSITION (IF AI EG DIRECTOR, COMP SECRETARY	PRINCIPAL OBJECTS OF CORPORATION (EXCEPT II			
F POSITIONS IN TRADE UNIONS	OR PROFESSIO	NAL OR BL	ISINESS ASSOCIATIO	N.S		
A TIP: Do not include general membership but inc						
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section G						
NAME OF EACH TRADE UNION AND EACH PROFESSIONAL OR BUSINESS ASSOCIATION IN WHICH I HELD ANY POSITION (WHETHER REMUNERATED OR NOT) AT ANY TIME DURING THE RETURN PERIOD DESCRIPTION OF POSITION						



DISCLOSURE OF INTERESTS

G DEB	тѕ				
	You do not need to provide information on (i) credit union or other financial institution such as				lative, bank, building
If you have N	Nothing to Declare, select the word 'Nil' in the Section H	ne adjacent Box		N	IL
NAME AND	ADDRESS OF EACH PERSON OR ORGANISA DURI	ATION (CREDITOR) TO WHO NG THE RETURN PERIOD	M I WAS LIA	BLE TO PAY ANY DE	EBT AT ANY TIME
	NAME OF CREDITOR		ADDRES	SS OF CREDITOR	
H DISP	OSITIONS OF REAL PROPE	RTY			
of each the right the rig	You must disclose details: h disposal of real property since your last return ht to repurchase the property; h disposal of real property by other persons or e ial includes — rant of a lease or licence for all or part of the lan nortgage over your land, rant of easement over land by which you retain t ale of land (or grant of option by you) with (i) a asement or covenant over the land in favour of you on of an option to purchase land in favour of you on by you of a charge over your land; er by you of an interest in your land to a Trustee er of land to your spouse or by your spouse to a er of title of your land subject to you continuing to	ntities whereby you wholly or partities whereby you wholly or partition, the ability to use the land, lease or licence granted to you of a Trust of which you are a buthird party whereby you continuo receive a benefit, e.g. rent from	oartly obtaine you or a right peneficiary; ue to occupy	d the use of the proper for you to repurchas	erty;
If you have N and move to	Nothing to Declare, select the word 'Nil' in the Section I	ne adjacent Box	7	N	IL
Should you	require more detailed explanation on the in and 188(2) of the Local Governme				to Clauses 188(1)
1 PARTICULARS OF EACH DISPOSITION OF REAL PROPERTY BY ME AT ANY TIME DURING THE RETURN PERIOD AS A RESULT OF WHICH I RETAINED, EITHER WHOLLY OR IN PART, THE USE AND BENEFIT OF THE PROPERTY OR THE RIGHT TO REACQUIRE THE PROPERTY AT A LATER DATE					
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
2 PARTICULARS OF EACH DISPOSITION OF REAL PROPERTY TO A PERSON BY ANOTHER PERSON UNDER ARRANGEMENTS MADE BY ME, BEING DISPOSITIONS MADE AT ANY TIME DURING THE RETURN PERIOD, AS A RESULT OF WHICH I OBTAINED EITHER WHOLLY OR IN PART, THE USE AND BENEFIT OF THE PROPERTY					
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

I DISCRETIONARY DISCLOSURES					
A TIP: To be co	mpleted if yo	u wish to make any ac	ditional disclos	ures	
If you have Nothing to I and go to Sign and Date		the word 'Nil' in the adjac his Return	ent Box	-	NIL
	1				
MY SIGNATURE:					
DATE SIGNED:	4/7/19				

NEXT STEPS:

- Ensure that wherever you had nothing to declare, that you have selected the word 'NIL' from the dropdrown lists.
- Print the form.
- Sign and date this page.
- Your form should then be forwarded to the Governance Coordinator at 2 Prince Street, Grafton

OPTIONAL STATUTORY DECLARATION:

Did you complete the optional Statutory Declaration on the next page?

If 'YES', make sure that you have listed the reasons for completing the form and then have your signature witnessed by a Justice of the Peace before submitting your Disclosure of Interest Form.





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COMPLETION OF THE FOLLOWING STATUTORY DECLARATION IS OPTIONAL

The declaration should be completed only if you want to withhold your place of living from the version of your Return which is made available for public inspection. Reasons for withholding your place of living must be detailed in the declaration.

STATUTORY DECLARATION

Request for Protection of Privacy (place of living) Local Government Act 1993, Section 739

I,			
of			
	lara as fallows		
in the State of New South Wales, do solemnly and sincerely dec			
I request that my Annual Return of Disclosure of Interests and Other Matters that is available, or is to be made available, for public inspection by or under the Local Government Act 1993 be prepared or amended so as to omit or remove any matter that would disclose, or discloses, my place of living.			
I consider that the disclosure of my place of living would place, of my family, at risk for the reason(s) that	or places, my personal safety, or the personal safety of members of		
LIST YOUR REASONS HERE -			
And I make this solemn declaration conscientiously belief the Oaths Act, 1900.	ving the same to be true and by virtue of the provisions of		
Subscribed and declared at:			
Thisday of			
20			
	My Signature		
before me:			
I,	a JP for NSWcertify		
(Full name of JP)	(JP Registration Number)		
(Tiste a hose that any tipe)			
 (Tick a box that applies) 1 □ I saw the face of the declarant 			
	ne/she was wearing a face covering, but I am satisfied that		
he/she had a special justification for not removing			
(Tick a box that applies)			
2 L I have known the person for at least 12 months			
☐ I confirmed the person's identity with	(Describe identification document relied on [PTO)		
	• /		
(0)			
(Signature of JP)	(Date)		





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR



NOTES FOR COMPLETING THE OPTIONAL STATUTORY DECLARATION

A person's identity can be confirmed with any one of the following approved identification documents, unless the document has expired or been cancelled. However, an Australian passport is acceptable if it expired no more than 2 years ago –

- a driver's licence or permit with a photograph, whether issued in Australia or another country
- · a NSW photo card issued under Photo Card Act 2005
- an Australian proof of age card which contains the person's photograph
- an Australian passport (either current or expired less than 2 years ago)
- a passport or similar document with the person's photograph and signature issued by another country or by the United Nations
- a national identity card with the person's photograph and signature issued by another country or the United Nations (with an English language translation if not in English)
- an Australian citizenship certificate
- a foreign citizenship certificate (with an English language translation if not in English)
- a birth certificate or birth extract, whether issued in Australia, another country or by the United Nations (with an English language translation if not in English)
- · a Centrelink pension card
- a credit card or passbook
- an account from a bank, building society or credit union, or statement of account up to one year old
- a Medicare card, pension concession card, Department of Veteran's Affairs entitlement card or other entitlement card issued by the Federal or any State Government
- an electoral enrolment card or other evidence of enrolment as an elector up to 2 years old, or
- a student identity card, or a certificate or statement of enrolment up to 2 years old from an educational institution

A copy of an identification document is acceptable if certified as a true copy by:

- any justice of the peace,
- · notary public,
- · commissioner of the court for taking affidavits,
- · Australian legal practitioner authorised to take and receive any affidavit,
- the NSW Registrar-General,
- a Deputy Registrar-General,
- or other person by law authorised to administer an oath.

The certifier and the witness cannot be the same person.





MY FULL NAME

DISCLOSURE OF INTERESTS

SURNAME: SINAPATI

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

For further information please read the Office of Local Government's Self help guide for completion of returns

GIVEN NAME: LLOYD

Ensure that wherever you have nothing to declare, that you have selected the word 'NIL' from the drop-drown lists.

RETURN PERIOD: 1 JULY 2018 TO 30 JUNE 2019 REAL PROPERTY A TIP: You must include: (i) either the postal addresses OR particulars of title, i.e. Lot and DP (or SP) of properties anywhere in Australia that you had an interest in at any time during the Return Period; (ii) the Nature of your Interest, i.e. Owner, Part Owner, Lessee, Beneficiary, Occupier or Other Address of each parcel of real property in which I had an interest at any time during the Nature of my Interest: Select from Return Period the drop-down list 0 MY PLACE(S) OF RESIDENCE: No: Street: Lot & DP: Part Owner Suburb: Grafton State: NSW Street: Lot & DP: Nο. SELECT FROM LIST BELOW Suburb: State: OTHER REAL PROPERTY POSTAL ADDRESS DETAILS: Lot & DP: No: Street: SELECT FROM LIST BELOW Suburb: State: Lot & DP: No: Street: SELECT FROM LIST BELOW Suburb: State: Street: Lot & DP: No: SELECT FROM LIST BELOW Suburb: State: Street: Lot & DP: Nο. SELECT FROM LIST BELOW Suburb: State: No: Street: Lot & DP: SELECT FROM LIST BELOW Suburb: State: No: Street: Lot & DP: SELECT FROM LIST BELOW Suburb: State:

If insufficient space, please attach a schedule to this form.

clarence

Please tick if adding an attachment \square

DISCLOSURE OF INTERESTS

B SOURCES OF INCOME				
A TIP: Only provide information where the amount of income from an occupation, a Trust or other source, exceeded \$500.				
SOURCES OF MY INCOME (sources, not amounts, of income)			s) at any time during th	ne Return Period)
Position Held e.g. Labourer, Cadet, Project Officer, Manager, etc.	Name and Address of Employer or Description of Office held (if applicable) If self employed include business name & business address Name of Partnership (if applicable)			(if applicable)
Ranger	CLARENCE VALL 2 Prince Street GRAFTON NSW			
2 SOURCES OF MY INCOM (sources of income, not amount)	unts, I received from	n a Trust during th	e Return Period)	
If you have Nothing to Declar e, select	t the word 'Nil' in the	adjacent Box	-	NIL
	NAME AND ADDRESS OF SETTLOR A TIP: The 'Settlor' is the name of a person who created the Trust NAME AND ADDRESS OF TRUSTEE			
3 OTHER SOURCES OF MY INCOME (sources of other income, not amounts, I received at any time during the Return Period)				
•	cription sufficient to ide			activities, welfare payments; y from whom, or the circumstances in
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box				NIL
C GIFTS				
A TIP: Only include description of a single gift or multiple gifts from the same donor, the total value of which exceeded \$500				
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section D				
If you declare a gift then you MUST also complete a Gifts and Benefits Declaration Form in the Councillors Dropbox or located on Council's Intranet				
	DESCRIPTION OF EACH GIFT RECEIVED BY ME AT ANY TIME DURING THE RETURN PERIOD NAME AND ADDRESS OF GIFT DONOR			OF GIFT DONOR

D

CONTRIBUTIONS TO TRAVEL

DISCLOSURE OF INTERESTS

A TIP: Do not include payments by Council for your work-related travel					
If you have Nothing to Declare, select the word 'Nil' and move to Section E	NIL				
NAME AND ADDRESS OF EACH PERSON WHO MAD GREATER THAN \$250 FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVEL UNDERTAKEN BY I DURING THE RETURN PERIOD	NAME OF STATES, TERRITORIES OF THE COMMONWEALTH AND OTHER COUNTRIES IN WHICH TRAVEL WAS UNDERTAKEN				
E INTERESTS AND POSITIONS	IN CORPORATIO	NS			
TIPS: (i) Declare only if your shareholding was (not Shareholder) you held in a Corporation (included Corporation or the position was a paid position	greater than 10% of voting r ding not-for-profit corporatio	ights in the corporat n) such as Director	tion (ii) You must declare any position , whether or not you held shares in the		
If you have Nothing to Declare, select the word 'Nil' and move to Section F	in the adjacent Box	•	NIL		
If you declare a Position U you held in a Corporation Interests Disclosure Form in the Councillors Dropbo			MUST complete a Conflict of		
NAME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION AT ANY TIME DURING THE RETURN PERIOD	DESCRIPTION (POSITION (IF AI EG DIRECTOR, COMP SECRETARY	ANY) MPANY CORPORATION (EXCEPT II			
F POSITIONS IN TRADE UNIONS OR PROFESSIONAL OR BUSINESS ASSOCIATIONS					
A TIP: Do not include general membership but include details of any positions held whether remunerated or not					
If you have Nothing to Declare, select the word 'Nil' and move to Section G	NIL				
NAME OF EACH TRADE UNION AND EACH PROFE IN WHICH I HELD ANY POSITION (WHETH AT ANY TIME DURING THE F	DESCRIPTION OF POSITION				



DISCLOSURE OF INTERESTS

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

G DEBTS					
A TIP: You do not need to provide information on (i) the amounts; (ii) debts for less than \$500; (iii) debts to any relative, bank, building society, credit union or other financial institution such as for your home mortgage, credit card or department store					
If you have N	lothing to Declare, select the word 'Nil' in the Section H	ne adjacent Box		N	IL
NAME AND	ADDRESS OF EACH PERSON OR ORGANISA DURI	ATION (CREDITOR) TO WHO	M I WAS LIA	ABLE TO PAY ANY DE	BT AT ANY TIME
	NAME OF CREDITOR		ADDRE	SS OF CREDITOR	
H DISP	OSITIONS OF REAL PROPE	RTY			
TIPS: You must disclose details: of each disposal of real property since your last return was made by which you wholly or partly retained the use or benefit of the property or the right to repurchase the property; of each disposal of real property by other persons or entities whereby you wholly or partly obtained the use of the property; disposal includes — grant of a lease or licence for all or part of the land, mortgage over your land, grant of easement over land by which you retain the ability to use the land, sale of land (or grant of option by you) with (i) a lease or licence granted to you or a right for you to repurchase the land, (ii) or an easement or covenant over the land in favour of you: creation of an option to purchase land in favour of you; creation by you of a charge over your land; transfer by you of an interest in your land to a Trustee of a Trust of which you are a beneficiary; transfer of land to your spouse or by your spouse to a third party whereby you continue to occupy the land; transfer of title of your land subject to you continuing to receive a benefit, e.g. rent from the land. If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section I					
Should you require more detailed explanation on the information to be provided in this Section, you should refer to Clauses 188(1) and 188(2) of the Local Government (General) Regulation 2005 or consult your solicitor					
1 PARTICULARS OF EACH DISPOSITION OF REAL PROPERTY BY ME AT ANY TIME DURING THE RETURN PERIOD AS A RESULT OF WHICH I RETAINED, EITHER WHOLLY OR IN PART, THE USE AND BENEFIT OF THE PROPERTY OR THE RIGHT TO REACQUIRE THE PROPERTY AT A LATER DATE					
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
⇒ 2 PARTICULARS OF EACH DISPOSITION OF REAL PROPERTY TO A PERSON BY ANOTHER PERSON UNDER ARRANGEMENTS MADE BY ME, BEING DISPOSITIONS MADE AT ANY TIME DURING THE RETURN PERIOD, AS A RESULT OF WHICH I OBTAINED EITHER WHOLLY OR IN PART, THE USE AND BENEFIT OF THE PROPERTY					
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:

Lot & DP:

Suburb:



State:

No:

Street:



ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

I DISCRETIONARY DISCLOSURES			
A TIP: To be completed if you wish to make any additional disclosures			
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and go to Sign and Date to complete this Return			

MY SIGNATURE:	
DATE SIGNED:	14/08/19

NEXT STEPS:

- Ensure that wherever you had nothing to declare, that you have selected the word 'NIL' from the dropdrown lists.
- Print the form.
- Sign and date this page.
- Your form should then be forwarded to the Governance Coordinator at 2 Prince Street, Grafton

OPTIONAL STATUTORY DECLARATION:

Did you complete the optional Statutory Declaration on the next page?

If 'YES', make sure that you have listed the reasons for completing the form and then have your signature witnessed by a Justice of the Peace before submitting your Disclosure of Interest Form.





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

COMPLETION OF THE FOLLOWING STATUTORY DECLARATION IS OPTIONAL

The declaration should be completed only if you want to withhold your place of living from the version of your Return which is made available for public inspection. Reasons for withholding your place of living must be detailed in the declaration.

STATUTORY DECLARATION

Request for Protection of Privacy (place of living) Local Government Act 1993, Section 739

l,	
in the State of New South Wales, do solemnly and sincerely dec	clare as follows –
	Other Matters that is available, or is to be made available, for public pared or amended so as to omit or remove any matter that would
I consider that the disclosure of my place of living would place, omy family, at risk for the reason(s) that –	or places, my personal safety, or the personal safety of members of
LIST YOUR REASONS HERE -	
And I make this solemn declaration conscientiously belief the Oaths Act, 1900.	eving the same to be true and by virtue of the provisions of
Subscribed and declared at:	
-	
Thisday of	
20	
	My Signature
20before me:	My Signature a JP for NSW certify
20before me:	My Signature
20before me: I,	My Signature a JP for NSW certify
before me: I,	My Signature a JP for NSW certify
before me: I,	My Signature a JP for NSW certify (JP Registration Number)
before me: I,	My Signature _ a JP for NSW certify _ (JP Registration Number) he/she was wearing a face covering, but I am satisfied that
before me: I,	My Signature _ a JP for NSW certify _ (JP Registration Number) he/she was wearing a face covering, but I am satisfied that
before me: I,	My Signature _ a JP for NSW certify _ (JP Registration Number) he/she was wearing a face covering, but I am satisfied that
before me: I,	My Signature _ a JP for NSW certify _ (JP Registration Number) he/she was wearing a face covering, but I am satisfied that
before me: I,	My Signature _ a JP for NSW certify _ (JP Registration Number) he/she was wearing a face covering, but I am satisfied that
before me: I,	My Signature a JP for NSW certify (JP Registration Number) he/she was wearing a face covering, but I am satisfied that git, and





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR



★ NOTES FOR COMPLETING THE OPTIONAL STATUTORY DECLARATION

A person's identify can be confirmed with any one of the following approved identification documents, unless the document has expired or been cancelled. However, an Australian passport is acceptable if it expired no more than 2 years ago -

- a driver's licence or permit with a photograph, whether issued in Australia or another country
- a NSW photo card issued under Photo Card Act 2005
- an Australian proof of age card which contains the person's photograph
- an Australian passport (either current or expired less than 2 years ago)
- a passport or similar document with the person's photograph and signature issued by another country or by the United Nations
- a national identity card with the person's photograph and signature issued by another country or the United Nations (with an English language translation if not in English)
- an Australian citizenship certificate
- a foreign citizenship certificate (with an English language translation if not in English)
- a birth certificate or birth extract, whether issued in Australia, another country or by the United Nations (with an English language translation if not in English)
- a Centrelink pension card
- a credit card or passbook
- an account from a bank, building society or credit union, or statement of account up to one year old
- a Medicare card, pension concession card, Department of Veteran's Affairs entitlement card or other entitlement card issued by the Federal or any State Government
- an electoral enrolment card or other evidence of enrolment as an elector up to 2 years old, or
- a student identity card, or a certificate or statement of enrolment up to 2 years old from an educational institution

A copy of an identification document is acceptable if certified as a true copy by:

- any justice of the peace,
- notary public,
- commissioner of the court for taking affidavits,
- Australian legal practitioner authorised to take and receive any affidavit,
- the NSW Registrar-General,
- a Deputy Registrar-General,
- or other person by law authorised to administer an oath.

The certifier and the witness cannot be the same person.





MY FULL NAME

DISCLOSURE OF INTERESTS

SURNAME: LLOYD

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

For further information please read the Office of Local Government's Self help guide for completion of returns

GIVEN NAME: MARK

Ensure that wherever you have nothing to declare, that you have selected the word 'NIL' from the drop-drown lists.

	RETURN PERIOD: 1	JULY 2018 TO 30 JUNE	: 2019	
A REAL	PROPERTY			
Australia	You must include: (i) either the postal address that you had an interest in at any time during the ary, Occupier or Other	sses OR particulars of title, i.e. Lot a e Return Period; (ii) the Nature of you	nd DP (or SP) of properties anywhere in r Interest, i.e. Owner, Part Owner, Lessee,	
Address of ea Return Period	ch parcel of real property in which I had ar	n interest at any time during the	Nature of my Interest: Select from the drop-down list	
MY PLACE(S	S) OF RESIDENCE:			
No:	Street:	Lot & DP:	Owner	
Suburb: COUT	TS CROSSING	State: NSW		
No:	Street:	Lot & DP:		
Suburb:	<u> </u>	State:	SELECT FROM LIST BELOW	
OTHER REA	L PROPERTY POSTAL ADDRESS DE	TAILS:		
No:	Street:	Lot & DP:		
Suburb: SOUT	TH GRAFTON	State: NSW	Owner	
No:	Street:	Lot & DP:		
			Lessee	
Suburb: COLIT	TS CROSSING	State: NSW		
No:	Street:	Lot & DP:		
Suburb:	0.1001.	State:	SELECT FROM LIST BELOW	
No:	Street:	Lot & DP:		
Suburb:		State:	SELECT FROM LIST BELOW	
No:	Street:	Lot & DP:		
Suburb:		State:	SELECT FROM LIST BELOW	
No:	Street:	Lot & DP:		





Suburb:		State:	SELECT FROM LIST BELOW
	If insufficient space, please at	tach a schedule to this form.	Please tick if adding an attachment



DISCLOSURE OF INTERESTS

B SOURCES OF INCOME				
A TIP: Only provide information where the amount of income from an occupation, a Trust or other source, exceeded \$500.				
SOURCES OF MY INCOME (sources, not amounts, of income)		CUPATION(S) on my Occupation(s) at any time during	ng the Return Period)	
Position Held e.g. Labourer, Cadet, Project Officer, Manager,	Name Descrip	Name of Partnership (if applicable)		
etc.		nclude business name & business a	ddress	
Owner operator	CLARENCE VALLEY COUNCIL 2 Prince Street GRAFTON NSW 2460 MA&SV Lloyd 61 Jackenbob Road MA & SV Lloyd			
Instructor of cadets	Coutts Crossing N Department of defe			
2 SOURCES OF MY INCOM (sources of income, not amount If you have Nothing to Declar e, select	unts, I received from	a Trust during the Return Period)	NIL	
NAME AND ADDRESS OF SETTLOR A TIP: The 'Settlor' is the name of a person who created the Trust NAME AND ADDRESS OF TRUSTEE			DDRESS OF TRUSTEE	
3 OTHER SOURCES OF M (sources of other income, no		ed at any time during the Return Pe	riod)	
•	cription sufficient to ide	from rental property, investments, businentify the person, property or business a	ess activities, welfare payments; activity from whom, or the circumstances in	
If you have Nothing to Declare, select	the word 'Nil' in the	adjacent Box	Refer Below	
Rental property		Investments		
C GIFTS				
A TIP: Only include description of a single gift or multiple gifts from the same donor, the total value of which exceeded \$500				
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section D				
If you declare a gift then you MUST also complete a Gifts and Benefits Declaration Form in the Councillors Dropbox or located on Council's Intranet				
DESCRIPTION OF EACH GIFT RECEIVED BY ME AT ANY TIME DURING THE RETURN PERIOD NAME AND ADDRESS OF GIFT DONOR				

CONTRIBUTIONS TO TRAVEL

DISCLOSURE OF INTERESTS

A TIP: Do not include payments by Council for yo	ur work-related travel		
If you have Nothing to Declare, select the word 'Nil' and move to Section E	in the adjacent Box		NIL
NAME AND ADDRESS OF EACH PERSON WHO MAI GREATER THAN \$250 FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVEL UNDERTAKEN BY DURING THE RETURN PERIOD			NAME OF STATES, TERRITORIES OF THE COMMONWEALTH AND OTHER COUNTRIES IN WHICH TRAVEL WAS UNDERTAKEN
E INTERESTS AND POSITIONS	IN CORPORATIO	DNS	
TIPS: (i) Declare only if your shareholding was a (not Shareholder) you held in a Corporation (included Corporation or the position was a paid position	greater than 10% of voting r ding not-for-profit corporatio	ights in the corporat n) such as Director,	ion (ii) You must declare any position , whether or not you held shares in the
If you have Nothing to Declare, select the word 'Nil' and move to Section F	in the adjacent Box	•	NIL
If you declare a Position U you held in a Corporation Interests Disclosure Form in the Councillors Dropbo			MUST complete a Conflict of
NAME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION AT ANY TIME DURING THE RETURN PERIOD	NATURE OF INTEREST (IF ANY) EG SHAREHOLDER	DESCRIPTION (POSITION (IF AN EG DIRECTOR, COMP SECRETARY	NY) PRINCIPAL OBJECTS OF
F POSITIONS IN TRADE UNIONS	OR PROFESSIO	ONAL OR BU	ISINESS ASSOCIATION
A TIP: Do not include general membership but in			
If you have Nothing to Declare, select the word 'Nil' and move to Section G	\Rightarrow	Refer Below	
NAME OF EACH TRADE UNION AND EACH PROFE IN WHICH I HELD ANY POSITION (WHETH AT ANY TIME DURING THE	HER REMUNERATED OR N		DESCRIPTION OF POSITION
United Services Union]	Delegate



DISCLOSURE OF INTERESTS

G DEB	TS				
	You do not need to provide information on (i) credit union or other financial institution such as				lative, bank, building
If you have N and move to	Nothing to Declare, select the word 'Nil' in the Section H	ne adjacent Box	\Rightarrow	N	IIL
NAME AND	ADDRESS OF EACH PERSON OR ORGANISA DURI	ATION (CREDITOR) TO WHO NG THE RETURN PERIOD	M I WAS LIAI	BLE TO PAY ANY DE	EBT AT ANY TIME
	NAME OF CREDITOR		ADDRES	SS OF CREDITOR	
H DISP	OSITIONS OF REAL PROPE	RTY			
of each the right the	You must disclose details: h disposal of real property since your last return ht to repurchase the property; h disposal of real property by other persons or end al includes — rant of a lease or licence for all or part of the lan- nortgage over your land, rant of easement over land by which you retain to asement or covenant of option by you) with (i) a asement or covenant over the land in favour of you on of an option to purchase land in favour of you; on by you of a charge over your land; er by you of an interest in your land to a Trustee er of land to your spouse or by your spouse to a fer of title of your land subject to you continuing to	ntities whereby you wholly or partities whereby you wholly or partition, he ability to use the land, lease or licence granted to you of a Trust of which you are a bathird party whereby you continuo receive a benefit, e.g. rent from	oartly obtained vou or a right peneficiary; the to occupy	d the use of the proper for you to repurchas	erty;
If you have N and move to	Nothing to Declare, select the word 'Nil' in the Section I	ne adjacent Box		N	IL
Should you	require more detailed explanation on the in and 188(2) of the Local Governme				to Clauses 188(1)
RE	RTICULARS OF EACH DISPOSITIO TURN PERIOD AS A RESULT OF V D BENEFIT OF THE PROPERTY OF TE	VHICH I RETAINED, E	ITHER WH	HOLLY OR IN P	ART, THE USE
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
UN RE	RTICULARS OF EACH DISPOSITION DER ARRANGEMENTS MADE BY I TURN PERIOD, AS A RESULT OF I D BENEFIT OF THE PROPERTY	ME, BEING DISPOSITI	ONS MAD	E AT ANY TIM	E DURING THE
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

I DISCRETIONARY DISCLOSURES						
A TIP: To be completed if you wish to make any additional disclosures						
If you have Nothing to Declare, select the word 'Nil' in the adjace and go to Sign and Date to complete this Return	ent Box	NIL				

MY SIGNATURE:		
DATE SIGNED:	29 JULY 2019	

NEXT STEPS:

- Ensure that wherever you had nothing to declare, that you have selected the word 'NIL' from the dropdrown lists.
- Print the form.
- Sign and date this page.
- Your form should then be forwarded to the Governance Coordinator at 2 Prince Street, Grafton

OPTIONAL STATUTORY DECLARATION:

Did you complete the optional Statutory Declaration on the next page?

If 'YES', make sure that you have listed the reasons for completing the form and then have your signature witnessed by a Justice of the Peace before submitting your Disclosure of Interest Form.





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

COMPLETION OF THE FOLLOWING STATUTORY DECLARATION IS OPTIONAL

The declaration should be completed only if you want to withhold your place of living from the version of your Return which is made available for public inspection. Reasons for withholding your place of living must be detailed in the declaration.

STATUTORY DECLARATION

Request for Protection of Privacy (place of living) Local Government Act 1993, Section 739

,	
of	
in the State of New South Wales, do solemnly and sincerely decl	are as follows –
	ther Matters that is available, or is to be made available, for public ared or amended so as to omit or remove any matter that would
I consider that the disclosure of my place of living would place, o my family, at risk for the reason(s) that –	r places, my personal safety, or the personal safety of members of
LIST YOUR REASONS HERE -	
And I make this solemn declaration conscientiously belie the Oaths Act, 1900.	ving the same to be true and by virtue of the provisions of
Subscribed and declared at:	
Thisday of	.
This day of	 My Signature
·	
20before me:	My Signature a JP for NSW certify
20	My Signature
20before me: I,	My Signature a JP for NSW certify
20before me:	My Signature a JP for NSW certify
before me: I,	My Signature a JP for NSW certify (JP Registration Number) e/she was wearing a face covering, but I am satisfied that
before me: I,	My Signature a JP for NSW certify (JP Registration Number) e/she was wearing a face covering, but I am satisfied that
before me: I,	My Signature a JP for NSW certify (JP Registration Number) e/she was wearing a face covering, but I am satisfied that
before me: I,	My Signature a JP for NSW certify (JP Registration Number) e/she was wearing a face covering, but I am satisfied that it, and
before me: I,	My Signature a JP for NSW certify (JP Registration Number) e/she was wearing a face covering, but I am satisfied that
before me: I,	My Signature a JP for NSW certify (JP Registration Number) e/she was wearing a face covering, but I am satisfied that it, and





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR



★ NOTES FOR COMPLETING THE OPTIONAL STATUTORY DECLARATION

A person's identity can be confirmed with any one of the following approved identification documents, unless the document has expired or been cancelled. However, an Australian passport is acceptable if it expired no more than 2 years ago -

- a driver's licence or permit with a photograph, whether issued in Australia or another country
- a NSW photo card issued under Photo Card Act 2005
- an Australian proof of age card which contains the person's photograph
- an Australian passport (either current or expired less than 2 years ago)
- a passport or similar document with the person's photograph and signature issued by another country or by the United Nations
- a national identity card with the person's photograph and signature issued by another country or the United Nations (with an English language translation if not in English)
- an Australian citizenship certificate
- a foreign citizenship certificate (with an English language translation if not in English)
- a birth certificate or birth extract, whether issued in Australia, another country or by the United Nations (with an English language translation if not in English)
- a Centrelink pension card
- a credit card or passbook
- an account from a bank, building society or credit union, or statement of account up to one year old
- a Medicare card, pension concession card, Department of Veteran's Affairs entitlement card or other entitlement card issued by the Federal or any State Government
- an electoral enrolment card or other evidence of enrolment as an elector up to 2 years old, or
- a student identity card, or a certificate or statement of enrolment up to 2 years old from an educational institution

A copy of an identification document is acceptable if certified as a true copy by:

- any justice of the peace,
- notary public,
- commissioner of the court for taking affidavits,
- Australian legal practitioner authorised to take and receive any affidavit,
- the NSW Registrar-General,
- a Deputy Registrar-General,
- or other person by law authorised to administer an oath.

The certifier and the witness cannot be the same person.



MY FULL NAME

DISCLOSURE OF INTERESTS

SURNAME: CLAYTON

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

For further information please read the Office of Local Government's Self help guide for completion of returns

GIVEN NAME: NEIL GARY

Ensure that wherever you have nothing to declare, that you have selected the word 'NIL' from the drop-drown lists.

	RETURN PERIOD:	1 JULY 2018 TO 30 JUNE	2019
A RE	AL PROPERTY	1634 S. Weid 1800 T. Weid 1800 T	
Aus	TIP: You must include: (i) either the postal add tralia that you had an interest in at any time during eficiary, Occupier or Other	resses OR particulars of title, i.e. Lot a the Return Period; (ii) the Nature of you	and DP (or SP) of properties anywhere in r Interest, i.e. Owner, Part Owner, Lessee,
Address o Return Per	f each parcel of real property in which I had riod	an interest at any time during the	Nature of my Interest: Select from the drop-down list
MY PLAC	E(S) OF RESIDENCE:	Acid sit species of the 1860 bags to pass 	olog, pasicofros paginal a seu poy a 1 Tennamento de como como como como como como como com
No:		Lot & DP:	Part Owner
Suburb: W	OOLGOOLGA	State: NSW	Tarcomo
No:	Street:	Lot & DP:	SELECT FROM LIST BELOW
Suburb:		State:	Part and the second sec
OTHER R	EAL PROPERTY POSTAL ADDRESS D	ETAILS:	
No:	Street:	Lot & DP:	
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	Same Art 1900 of the State Street Same 1900
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	
Suburb:		State:	SELECT FROM LIST BELOW

If insufficient space, please attach a schedule to this form.



Please tick if adding an attachment

A TIP: Only provide information whe	re the amount of income fro	om an occupation, a Trust or other source	ee, exceeded \$500.
1 SOURCES OF MY INCOME (sources, not amounts, of incor	FROM AN OCCUPA me I received from my C	ATION(S) occupation(s) at any time during the	Return Period)
Position Held e.g. Labourer, Cadet, Project Officer, Manager, etc.	Name and Description of Description of If self employed include	Address of Employer or f Office held (if applicable) business name & business addres:	Name of Partnership (if applicable)
anding carreys.	CLARENCE VALLEY CO 2 Prince Street GRAFTON NSW 2460	DUNCIL	
SOURCES OF MY INCOMI (sources of income, not amour)	nts, I received from a Tru		NIL
f you have Nothing to Declare, select th	ne word 'Nil' in the adjac	ent Box	IVIL
NAME AND ADDRESS OF A TIP: The 'Settlor' is the name of a p		NAME AND ADDRI	ESS OF TRUSTEE
O 3 OTHER SOURCES OF MY	INCOME		
3 OTHER SOURCES OF MY (sources of other income, not) TTIPS: a Other Sources of Income b You must include a descr	INCOME amounts, I received at a may include income from ription sufficient to identify the sufficient the suffici	any time during the Return Period) rental property, investments, business activity	ctivities, welfare payments; from whom, or the circumstances
3 OTHER SOURCES OF MY (sources of other income, not	INCOME amounts, I received at a may include income from ription sufficient to identify the eceived.	rental property, investments, business activity	ctivities, welfare payments; from whom, or the circumstances i NIL
3 OTHER SOURCES OF MY (sources of other income, not TIPS: a Other Sources of Income b You must include a descr which, that income was re	INCOME amounts, I received at a may include income from ription sufficient to identify the eceived.	rental property, investments, business activity	from whom, or the circumstances i
(sources of other income, note) TIPS: a Other Sources of Income b You must include a described which, that income was ref	INCOME amounts, I received at a may include income from ription sufficient to identify the eceived.	rental property, investments, business activity	from whom, or the circumstances i
3 OTHER SOURCES OF MY (sources of other income, not) (STIPS: a Other Sources of Income b You must include a describe which, that income was ref	INCOME amounts, I received at a may include income from ription sufficient to identify teceived. he word 'Nil' in the adjacent	rental property, investments, business article person, property or business activity cent Box	NIL
Sources of other income, note of the sources of other income, note of the sources of Income of you must include a description, that income was refused by the sources of Income of you have Nothing to Declare, select to the sources of the sources o	TINCOME amounts, I received at a may include income from ription sufficient to identify the eceived. The word 'Nil' in the adjact a single gift or multiple gifts	rental property, investments, business are the person, property or business activity cent Box from the same donor, the total value of	NIL
(sources of other income, note by You must include a described which, that income was ref	INCOME amounts, I received at a may include income from ription sufficient to identify teceived. The word 'Nil' in the adjact a single gift or multiple gifts the word 'Nil' in the adjact.	rental property, investments, business are the person, property or business activity cent Box from the same donor, the total value of cent Box	NIL which exceeded \$500 NIL
Sources of other income, note of the sources of other income, note of the sources of Income of I	TINCOME amounts, I received at a may include income from ription sufficient to identify the eceived. The word 'Nil' in the adjact a single gift or multiple gifts the word 'Nil' in the adjact Talso complete a Gifts ED BY ME AT ANY	rental property, investments, business are the person, property or business activity cent Box from the same donor, the total value of cent Box	NIL which exceeded \$500 NIL e Councillors Dropbox or locate



DISCLOSURE OF INTERESTS

하는 사람이 다른 사람들이 하는 그래요. 이번 사람들이 가는 사람들이 가는 사람들이 되었다. 그래요 하는 사람들이 되었다는 사람들이 되었다면 하는 것이다. 그래요 그렇게 되었다는 사람들이 없어 나를 가게 되었다. 사람들이 없다는 사람들이 없어 나를 가게 되었다.	TRAVEL WAS ERTAKEN	NIL NAME OF STATES, TERRITORIES OF THE COMMONWEALTH AND OTHER COUNTRIES IN WHICH TRAVEL WAS UNDERTAKEN
AND ADDRESS OF EACH PERSON WHO MADE GREATER THAN \$250 FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVEL UNDERTAKEN BY ME DURING THE RETURN PERIOD E INTERESTS AND POSITIONS IN CORPORAT TIPS: (i) Declare only if your shareholding was greater than 10% of votin (not Shareholder) you held in a Corporation (including not-for-profit corpora Corporation or the position was a paid position If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section F. If you declare a Position of you held in a Corporation that had a relationsh Interests Disclosure Form in the Councillors Dropbox or located on Council NAME AND ADDRESS OF FACULO CORPORATION IN	RAVEL WAS	NAME OF STATES, TERRITORIES OF THE COMMONWEALTH AND OTHER COUNTRIES IN WHICH
E INTERESTS AND POSITIONS IN CORPORAT TIPS: (i) Declare only if your shareholding was greater than 10% of votin (not Shareholder) you held in a Corporation or the position was a paid position If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section F If you declare a Position of you held in a Corporation that had a relationsh Interests Disclosure Form in the Councillors Dropbox or located on Council		OF THE COMMONWEALTH AND OTHER COUNTRIES IN WHICH
TIPS: (i) Declare only if your shareholding was greater than 10% of voting (not Shareholder) you held in a Corporation (including not-for-profit corporation or the position was a paid position. If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section F. If you declare a Position you held in a Corporation that had a relationsh Interests Disclosure Form in the Councillors Dropbox or located on Council NAME AND ADDROGUE STARLY CORPORATION IN		
TIPS: (i) Declare only if your shareholding was greater than 10% of voting (not Shareholder) you held in a Corporation (including not-for-profit corporation or the position was a paid position. If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section F. If you declare a Position of you held in a Corporation that had a relationsh Interests Disclosure Form in the Councillors Dropbox or located on Council NAME AND ADDROGUE STARLY CORPORATION IN		
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TIPS: (i) Declare only if your shareholding was greater than 10% of voting (not Shareholder) you held in a Corporation (including not-for-profit corporation or the position was a paid position. If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section F. If you declare a Position of you held in a Corporation that had a relationsh Interests Disclosure Form in the Councillors Dropbox or located on Council NAME AND ADDROGUE STARLY CORPORATION IN		
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If you declare a Position U you held in a Corporation that had a relational Interests Disclosure Form in the Councillors Dropbox or located on Council	ng rights in the corpora ation) such as Directo	ation (ii) You must declare any position r, whether or not you held shares in the
Interests Disclosure Form in the Councillors Dropbox or located on Council	•	NIL
NAME AND ADDRESS OF EACH CORPORATION IN NATURE OF INTERES		u MUST complete a Conflict of
WHICH I HAD AN INTEREST OR HELD A POSITION AT ANY TIME DURING THE RETURN PERIOD (IF ANY) EG SHAREHOLDER	DESCRIPTION POSITION (IF A EG DIRECTOR, COM SECRETARY	(NY) PRINCIPAL OBJECTS OF
		,
F POSITIONS IN TRADE UNIONS OR PROFESS	IONAL OR BI	USINESS ASSOCIATIONS
A TIP: Do not include general membership but include details of any position	ons held whether remu	unerated or not
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section G	•	NIL
NAME OF EACH TRADE UNION AND EACH PROFESSIONAL OR BUSINESS IN WHICH I HELD ANY POSITION (WHETHER REMUNERATED OF AT ANY TIME DURING THE RETURN PERIOD	S ASSOCIATION R NOT)	DESCRIPTION OF POSITION



G DEB	тѕ			
A TIP society,	: You do not need to provide informa credit union or other financial institution	ation on (i) the amounts; (ii) debts on such as for your home mortgage,	for less than \$500; (i credit card or depart	ii) debts to any relative, bank, building ment store
If you have I and move to	Nothing to Declare, select the word	d 'Nil' in the adjacent Box	•	NIL
NAME AND	ADDRESS OF EACH PERSON OR (DRGANISATION (CREDITOR) TO DURING THE RETURN PERI	WHOM I WAS LIABLI OD	E TO PAY ANY DEBT AT ANY TIME
	NAME OF CREDITOR		ADDRESS	OF CREDITOR
	·			
H DISF	POSITIONS OF REAL F	PROPERTY		
creat creat trans trans trans	easement or covenant over the land in ion of an option to purchase land in favion by you of a charge over your land; fer by you of an interest in your land to fer of land to your spouse or by your specifier of title of your land subject to you on Nothing to Declare, select the wor to Section I	u) with (i) a lease or licence grante if avour of you your of you; o a Trustee of a Trust of which you a pouse to a third party whereby you ontinuing to receive a benefit, e.g. red 'Nil' in the adjacent Box	are a beneficiary; continue to occupy the ent from the land.	NIL you should refer to Clauses 188(1)
RE Al	ARTICULARS OF EACH DIS	LT OF WHICH I RETAINE	PERTY BY ME D, EITHER WHO	AT ANY TIME DURING THE DLLY OR IN PART, THE USE HE PROPERTY AT A LATER
No:	Street:	Lot & DP:	Suburb:	State:
No:	Street:	Lot & DP:	Suburb:	State:
No:	Street:	Lot & DP:	Suburb:	State:
UI RI	NDER ARRANGEMENTS MA	DE BY ME, BEING DISPO JLT OF WHICH I OBTAINI	SITIONS MADE	RSON BY ANOTHER PERSON E AT ANY TIME DURING THE OLLY OR IN PART, THE USI
No:	Street:	Lot & DP:	Suburb:	State:
No:	Street:	Lot & DP:	Suburb:	State:
No:	Street:	Lot & DP:	Suburb:	State:



DISCLOSURE OF INTERESTS

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

ATIP: To be con	npleted if you w	ish to make any a	dditional disclosures	
If you have Nothing to Do			cent Box	NIL
3 3			[- 12 1	

MY SIGNATURE:		
DATE SIGNED:	15/07/2019	

NEXT STEPS:

- Ensure that wherever you had nothing to declare, that you have selected the word 'NIL' from the drop-drown lists.
- Print the form.
- Sign and date this page.
- Your form should then be forwarded to the Governance Coordinator at 2 Prince Street, Grafton

OPTIONAL STATUTORY DECLARATION:

Did you complete the optional Statutory Declaration on the next page?

If '**YES**', make sure that you have listed the reasons for completing the form and then have your signature witnessed by a Justice of the Peace before submitting your Disclosure of Interest Form.





MY FULL NAME

DISCLOSURE OF INTERESTS

SURNAME: GALLAGHER

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

For further information please read the Office of Local Government's Self help guide for completion of returns

GIVEN NAME: PAUL

Ensure that wherever you have nothing to declare, that you have selected the word 'NIL' from the drop-drown lists.

RETURN PERIOD: 1 JULY 2018 TO 30 JUNE 2019 **REAL PROPERTY** A TIP: You must include: (i) either the postal addresses OR particulars of title, i.e. Lot and DP (or SP) of properties anywhere in Australia that you had an interest in at any time during the Return Period; (ii) the Nature of your Interest, i.e. Owner, Part Owner, Lessee, Beneficiary, Occupier or Other Address of each parcel of real property in which I had an interest at any time during the Nature of my Interest: Select from Return Period the drop-down list 0 MY PLACE(S) OF RESIDENCE: No: Street: Lot & DP: Owner Suburb: Grafton State: NSW Street: Lot & DP: Nο. SELECT FROM LIST BELOW Suburb: State: OTHER REAL PROPERTY POSTAL ADDRESS DETAILS: Lot & DP: No: Street: SELECT FROM LIST BELOW Suburb: State: Lot & DP: No: Street: SELECT FROM LIST BELOW Suburb: State: Street: Lot & DP: No: SELECT FROM LIST BELOW Suburb: State: Lot & DP: Nο. Street: SELECT FROM LIST BELOW Suburb: State: No: Street: Lot & DP: SELECT FROM LIST BELOW Suburb: State: No: Street: Lot & DP: SELECT FROM LIST BELOW Suburb: State:

If insufficient space, please attach a schedule to this form.

clarence

Please tick if adding an attachment \square

DISCLOSURE OF INTERESTS

B SOURCES OF INCOM	1E			
A TIP: Only provide information w	here the amount of incor	me from an occup	pation, a Trust or other soul	ce, exceeded \$500.
SOURCES OF MY INCOME (sources, not amounts, of income)	ME FROM AN OCC	CUPATION(S) my Occupation	s) at any time during the	e Return Period)
Position Held e.g. Labourer, Cadet, Project Officer, Manager, etc.	Description		Employer or d (if applicable) name & business addres	Name of Partnership (if applicable)
Fleet Coordinator	CLARENCE VALLE 2 Prince Street GRAFTON NSW 2			
SOURCES OF MY INCOME (sources of income, not amount)			he Return Period)	
If you have Nothing to Declar e, selec			>	NIL
NAME AND ADDRESS C A TIP: The 'Settlor' is the name of a			NAME AND ADDR	ESS OF TRUSTEE
3 OTHER SOURCES OF M (sources of other income, no		d at any time du	ring the Return Period)	
•	cription sufficient to iden		y, investments, business acroperty or business activity	ctivities, welfare payments; from whom, or the circumstances in
If you have Nothing to Declare, select	the word 'Nil' in the a	adjacent Box	-	NIL
C GIFTS				
A TIP: Only include description of	a single gift or multiple o	gifts from the sam	ne donor, the total value of v	which exceeded \$500
If you have Nothing to Declare, select and move to Section D	the word 'Nil' in the a	adjacent Box	•	NIL
If you declare a gift then you MUS on Council's Intranet	ST also complete a Gi	ifts and Benefits	s Declaration Form in the	Councillors Dropbox or located
DESCRIPTION OF EACH GIFT RECEIV TIME DURING THE RETURN			NAME AND ADDRESS (DF GIFT DONOR



DISCLOSURE OF INTERESTS

D CONTRIBUTIONS TO TRAVEL	•				
A TIP: Do not include payments by Council for yo	ur work-related travel				
If you have Nothing to Declare, select the word 'Nil' and move to Section E	If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section E				
If you declare a gift then you MUST also complon Council's Intranet	ete a Gifts and Benefits [Declaration Form i	n the Councillors Dropbox or located		
NAME AND ADDRESS OF EACH PERSON WHO MAE GREATER THAN \$250 FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVEL UNDERTAKEN BY DURING THE RETURN PERIOD		_	NAME OF STATES, TERRITORIES OF THE COMMONWEALTH AND OTHER COUNTRIES IN WHICH TRAVEL WAS UNDERTAKEN		
E INTERESTS AND POSITIONS	IN CORPORATION	ONS			
TIPS: (i) Declare only if your shareholding was (not Shareholder) you held in a Corporation (inclu-Corporation or the position was a paid position	greater than 10% of voting ding not-for-profit corporation	rights in the corpora on) such as Directo	ation (ii) You must declare any position r, whether or not you held shares in the		
If you have Nothing to Declare, select the word 'Nil' and move to Section F	in the adjacent Box	•	NIL		
If you declare a Position U you held in a Corporation Interests Disclosure Form in the Councillors Dropbo			MUST complete a Conflict of		
NAME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION AT ANY TIME DURING THE RETURN PERIOD	WHICH I HAD AN INTEREST OR HELD A POSITION (IF ANY) CORPORATION (EX				
F POSITIONS IN TRADE UNIONS	OR PROFESSION	ONAL OR B	USINESS ASSOCIATIONS		
A TIP: Do not include general membership but in	clude details of any position	s held whether remu	unerated or not		
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section G					
NAME OF EACH TRADE UNION AND EACH PROFESSIONAL OR BUSINESS ASSOCIATION IN WHICH I HELD ANY POSITION (WHETHER REMUNERATED OR NOT) AT ANY TIME DURING THE RETURN PERIOD DESCRIPTION OF POSITION					



DISCLOSURE OF INTERESTS

G DEBTS					
	You do not need to provide information on (i) credit union or other financial institution such as				lative, bank, building
If you have N	Nothing to Declare, select the word 'Nil' in the Section H	ne adjacent Box	•	N	IL
NAME AND	ADDRESS OF EACH PERSON OR ORGANISA DURI	ATION (CREDITOR) TO WHO	M I WAS LIA	BLE TO PAY ANY DE	BT AT ANY TIME
	NAME OF CREDITOR		ADDRES	SS OF CREDITOR	
H DISP	OSITIONS OF REAL PROPE	RTY			
 TIPS: You must disclose details: of each disposal of real property since your last return was made by which you wholly or partly retained the use or benefit of the property or the right to repurchase the property; of each disposal of real property by other persons or entities whereby you wholly or partly obtained the use of the property; disposal includes – grant of a lease or licence for all or part of the land, mortgage over your land, grant of easement over land by which you retain the ability to use the land, sale of land (or grant of option by you) with (i) a lease or licence granted to you or a right for you to repurchase the land, (ii) or an easement or covenant over the land in favour of you creation of an option to purchase land in favour of you; creation by you of a charge over your land; transfer by you of an interest in your land to a Trustee of a Trust of which you are a beneficiary; transfer of land to your spouse or by your spouse to a third party whereby you continue to occupy the land; transfer of title of your land subject to you continuing to receive a benefit, e.g. rent from the land. 					
and move to	Nothing to Declare, select the word 'Nil' in the Section I	ie aujaceni box		N	IL
Should you require more detailed explanation on the information to be provided in this Section, you should refer to Clauses 188(1) and 188(2) of the Local Government (General) Regulation 2005 or consult your solicitor					
□ 1 PARTICULARS OF EACH DISPOSITION OF REAL PROPERTY BY ME AT ANY TIME DURING THE RETURN PERIOD AS A RESULT OF WHICH I RETAINED, EITHER WHOLLY OR IN PART, THE USE AND BENEFIT OF THE PROPERTY OR THE RIGHT TO REACQUIRE THE PROPERTY AT A LATER DATE					
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
⇒ 2 PARTICULARS OF EACH DISPOSITION OF REAL PROPERTY TO A PERSON BY ANOTHER PERSON UNDER ARRANGEMENTS MADE BY ME, BEING DISPOSITIONS MADE AT ANY TIME DURING THE RETURN PERIOD, AS A RESULT OF WHICH I OBTAINED EITHER WHOLLY OR IN PART, THE USE AND BENEFIT OF THE PROPERTY					
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:



DISCLOSURE OF INTERESTS

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

I DISCRETIONARY DISCLOSURES				
A TIP: To be completed if you wish to make any additional disclosures				
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and go to Sign and Date to complete this Return				

MY SIGNATURE:	
DATE SIGNED:	03/07/2019

NEXT STEPS:

- Ensure that wherever you had nothing to declare, that you have selected the word 'NIL' from the dropdrown lists.
- Either
- o Print the form.
- Sign and date this page.
- Return the signed form to the Governance Coordinator at 2 Prince Street, Grafton
- Or
- o Complete and sign the form electronically where possible
- Save the completed form as a PDF
- Return the form to Stephen.McAlister@clarence.nsw.gov.au

OPTIONAL STATUTORY DECLARATION:

Did you complete the optional Statutory Declaration on the next page? No

If 'YES', make sure that you have listed the reasons for completing the form and then have your signature witnessed by a Justice of the Peace before submitting your Disclosure of Interest Form.



DISCLOSURE OF INTERESTS





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

COMPLETION OF THE FOLLOWING STATUTORY DECLARATION IS OPTIONAL

The declaration should be completed only if you want to withhold your place of living from the version of your Return which is made available for public inspection. Reasons for withholding your place of living must be detailed in the declaration.

STATUTORY DECLARATION

Request for Protection of Privacy (place of living) Local Government Act 1993, Section 739

I,	
of	
in the State of New South Wales, do solemnly and sincerely dec	lare as follows –
	Other Matters that is available, or is to be made available, for public pared or amended so as to omit or remove any matter that would
I consider that the disclosure of my place of living would place, of my family, at risk for the reason(s) that	or places, my personal safety, or the personal safety of members of
LIST YOUR REASONS HERE -	
And I make this solemn declaration conscientiously belie the Oaths Act, 1900.	ving the same to be true and by virtue of the provisions of
Subscribed and declared at:	
Thisday of	
20	
	My Signature
before me:	
	a ID for NCW
(Full name of JP)	_ a JP for NSW certify (JP Registration Number)
(Tick a box that applies)	
1	
	ne/she was wearing a face covering, but I am satisfied that
he/she had a special justification for not removing	it, and
 (Tick a box that applies) I have known the person for at least 12 months 	
☐ I confirmed the person's identity with	
	(Describe identification document relied on [PTO)
(Signature of JP)	(Date)
(Signature of Jr)	(Date)





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR



★ NOTES FOR COMPLETING THE OPTIONAL STATUTORY DECLARATION

A person's identity can be confirmed with any one of the following approved identification documents, unless the document has expired or been cancelled. However, an Australian passport is acceptable if it expired no more than 2 years ago -

- a driver's licence or permit with a photograph, whether issued in Australia or another country
- a NSW photo card issued under Photo Card Act 2005
- an Australian proof of age card which contains the person's photograph
- an Australian passport (either current or expired less than 2 years ago)
- a passport or similar document with the person's photograph and signature issued by another country or by the United Nations
- a national identity card with the person's photograph and signature issued by another country or the United Nations (with an English language translation if not in English)
- an Australian citizenship certificate
- a foreign citizenship certificate (with an English language translation if not in English)
- a birth certificate or birth extract, whether issued in Australia, another country or by the United Nations (with an English language translation if not in English)
- a Centrelink pension card
- a credit card or passbook
- an account from a bank, building society or credit union, or statement of account up to one year old
- a Medicare card, pension concession card, Department of Veteran's Affairs entitlement card or other entitlement card issued by the Federal or any State Government
- an electoral enrolment card or other evidence of enrolment as an elector up to 2 years old, or
- a student identity card, or a certificate or statement of enrolment up to 2 years old from an educational institution

A copy of an identification document is acceptable if certified as a true copy by:

- any justice of the peace,
- notary public,
- commissioner of the court for taking affidavits,
- Australian legal practitioner authorised to take and receive any affidavit,
- the NSW Registrar-General,
- a Deputy Registrar-General,
- or other person by law authorised to administer an oath.

The certifier and the witness cannot be the same person.





MY FULL NAME

DISCLOSURE OF INTERESTS

SURNAME: LANDRIGAN

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

For further information please read the Office of Local Government's Self help guide for completion of returns

GIVEN NAME: PAUL

Ensure that wherever you have nothing to declare, that you have selected the word 'NIL' from the drop-drown lists.

RETURN PERIOD: 1 JULY 2018 TO 30 JUNE 2019 **REAL PROPERTY** A TIP: You must include: (i) either the postal addresses OR particulars of title, i.e. Lot and DP (or SP) of properties anywhere in Australia that you had an interest in at any time during the Return Period; (ii) the Nature of your Interest, i.e. Owner, Part Owner, Lessee, Beneficiary, Occupier or Other Address of each parcel of real property in which I had an interest at any time during the Nature of my Interest: Select from Return Period the drop-down list 0 MY PLACE(S) OF RESIDENCE: No: Street: Lot & DP: Owner Suburb: South Grafton State: NSW Street: Lot & DP: Nο. SELECT FROM LIST BELOW Suburb: State: OTHER REAL PROPERTY POSTAL ADDRESS DETAILS: Lot & DP: No: Street: SELECT FROM LIST BELOW Suburb: State: Lot & DP: No: Street: SELECT FROM LIST BELOW Suburb: State: Street: Lot & DP: No: SELECT FROM LIST BELOW Suburb: State: Lot & DP: Nο. Street: SELECT FROM LIST BELOW Suburb: State: No: Street: Lot & DP: SELECT FROM LIST BELOW Suburb: State: No: Street: Lot & DP: SELECT FROM LIST BELOW Suburb: State:

If insufficient space, please attach a schedule to this form.

clarence

Please tick if adding an attachment \square

DISCLOSURE OF INTERESTS

B SOURCES OF INCOME					
A TIP: Only provide information when	A TIP: Only provide information where the amount of income from an occupation, a Trust or other source, exceeded \$500.				
SOURCES OF MY INCOME (sources, not amounts, of income)				the Return Period)	
Position Held e.g. Labourer, Cadet, Project Officer, Manager, etc.	Descrip		of Employer or eld (if applicable) name & business add	Name of Partnership (if applicable)	
Building Surveyor	CLARENCE VALL 2 Prince Street GRAFTON NSW				
SOURCES OF MY INCOM (sources of income, not amount)	unts, I received from	n a Trust during	the Return Period)		
If you have Nothing to Declar e, select	the word 'Nil' in the	adjacent Box	<u> </u>	Select option from this list	
NAME AND ADDRESS O A TIP: The 'Settlor' is the name of a		st	NAME AND ADD	DRESS OF TRUSTEE	
⇒ 3 OTHER SOURCES OF M (SOURCES of other income, no	ot amounts, I receive	•		d) s activities, welfare payments;	
b You must include a desc which, that income was i		entify the person,	property or business activ	vity from whom, or the circumstances in	
If you have Nothing to Declare, select	the word 'Nil' in the	adjacent Box		NIL	
C GIFTS					
A TIP: Only include description of a single gift or multiple gifts from the same donor, the total value of which exceeded \$500					
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section D					
If you declare a gift then you MUST also complete a Gifts and Benefits Declaration Form in the Councillors Dropbox or located on Council's Intranet					
DESCRIPTION OF EACH GIFT RECEIVED BY ME AT ANY TIME DURING THE RETURN PERIOD NAME AND ADDRESS OF GIFT DONOR			S OF GIFT DONOR		

D

CONTRIBUTIONS TO TRAVEL

DISCLOSURE OF INTERESTS

A TIP: Do not include payments by Council for yo	ur work-related travel				
If you have Nothing to Declare, select the word 'Nil' and move to Section E	NIL				
GREATER THAN \$250 FINANCIAL OR OTHER	CONTRIBUTION TO ANY TRAVEL UNDERTAKEN BY ME DATES TRAVEL WAS				
E INTERESTS AND POSITIONS	IN CORPORATIO	NS			
TIPS: (i) Declare only if your shareholding was a (not Shareholder) you held in a Corporation (include Corporation or the position was a paid position	greater than 10% of voting r ding not-for-profit corporatio	ights in the corporat n) such as Director,	tion (ii) You must declare any positio, whether or not you held shares in the		
If you have Nothing to Declare, select the word 'Nil' and move to Section F	in the adjacent Box	•	NIL		
	If you declare a Position \bigcirc you held in a Corporation that had a relationship with Council, you MUST complete a Conflict of Interests Disclosure Form in the Councillors Dropbox or located on Council's Intranet				
NAME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION AT ANY TIME DURING THE RETURN PERIOD NATURE OF INTEREST (IF ANY) EG SHAREHOLDER DESCRIPTION POSITION (IF ANY) EG SHAREHOLDER			NY) PRINCIPAL OBJECTS OF		
F POSITIONS IN TRADE UNIONS	OR PROFESSIO	NAL OR BU	JSINESS ASSOCIATION		
A TIP: Do not include general membership but include details of any positions held whether remunerated or not					
If you have Nothing to Declare, select the word 'Nil' and move to Section G	NIL				
NAME OF EACH TRADE UNION AND EACH PROFESSIONAL OR BUSINESS ASSOCIATION IN WHICH I HELD ANY POSITION (WHETHER REMUNERATED OR NOT) AT ANY TIME DURING THE RETURN PERIOD DESCRIPTION OF POSIT					



DISCLOSURE OF INTERESTS

G DEB	G DEBTS				
A TIP: society,	You do not need to provide information on (i) credit union or other financial institution such as	the amounts; (ii) debts for le	ess than \$500 lit card or dep	; (iii) debts to any re artment store	lative, bank, building
If you have N	lothing to Declare, select the word 'Nil' in the Section H	ne adjacent Box	-	N	IL
NAME AND	ADDRESS OF EACH PERSON OR ORGANISA DURI	TION (CREDITOR) TO WHO	M I WAS LIA	BLE TO PAY ANY DE	EBT AT ANY TIME
	NAME OF CREDITOR		ADDRES	SS OF CREDITOR	
H DISP	OSITIONS OF REAL PROPE	RTY			
 TIPS: You must disclose details: of each disposal of real property since your last return was made by which you wholly or partly retained the use or benefit of the property or the right to repurchase the property; of each disposal of real property by other persons or entities whereby you wholly or partly obtained the use of the property; disposal includes – grant of a lease or licence for all or part of the land, mortgage over your land, grant of easement over land by which you retain the ability to use the land, sale of land (or grant of option by you) with (i) a lease or licence granted to you or a right for you to repurchase the land, (ii) or an easement or covenant over the land in favour of you creation of an option to purchase land in favour of you; creation by you of a charge over your land; transfer by you of an interest in your land to a Trustee of a Trust of which you are a beneficiary; transfer of land to your spouse or by your spouse to a third party whereby you continue to occupy the land; transfer of title of your land subject to you continuing to receive a benefit, e.g. rent from the land. 					
and move to	lothing to Declare, select the word 'Nil' in the Section I	io adjacom Box		N	IL
Should you require more detailed explanation on the information to be provided in this Section, you should refer to Clauses 188(1) and 188(2) of the Local Government (General) Regulation 2005 or consult your solicitor					
□ 1 PARTICULARS OF EACH DISPOSITION OF REAL PROPERTY BY ME AT ANY TIME DURING THE RETURN PERIOD AS A RESULT OF WHICH I RETAINED, EITHER WHOLLY OR IN PART, THE USE AND BENEFIT OF THE PROPERTY OR THE RIGHT TO REACQUIRE THE PROPERTY AT A LATER DATE					
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
⇒ 2 PARTICULARS OF EACH DISPOSITION OF REAL PROPERTY TO A PERSON BY ANOTHER PERSON UNDER ARRANGEMENTS MADE BY ME, BEING DISPOSITIONS MADE AT ANY TIME DURING THE RETURN PERIOD, AS A RESULT OF WHICH I OBTAINED EITHER WHOLLY OR IN PART, THE USE AND BENEFIT OF THE PROPERTY					
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

I DISCRETIONARY DISCLOSURES				
A TIP: To be completed if you wish to make any additional disclosures				
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and go to Sign and Date to complete this Return				

MY SIGNATURE:	
DATE SIGNED:	5 TH AUGUST 2019

NEXT STEPS:

- Ensure that wherever you had nothing to declare, that you have selected the word 'NIL' from the dropdrown lists.
- · Print the form.
- Sign and date this page.
- Your form should then be forwarded to the Governance Coordinator at 2 Prince Street, Grafton

OPTIONAL STATUTORY DECLARATION:

Did you complete the optional Statutory Declaration on the next page?

If 'YES', make sure that you have listed the reasons for completing the form and then have your signature witnessed by a Justice of the Peace before submitting your Disclosure of Interest Form.





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

COMPLETION OF THE FOLLOWING STATUTORY DECLARATION IS OPTIONAL

The declaration should be completed only if you want to withhold your place of living from the version of your Return which is made available for public inspection. Reasons for withholding your place of living must be detailed in the declaration.

STATUTORY DECLARATION

Request for Protection of Privacy (place of living) Local Government Act 1993, Section 739

l,	
of	
in the State of New South Wales, do solemnly and sincerely deci	lare as follows –
	other Matters that is available, or is to be made available, for public bared or amended so as to omit or remove any matter that would
I consider that the disclosure of my place of living would place, o my family, at risk for the reason(s) that	r places, my personal safety, or the personal safety of members of
LIST YOUR REASONS HERE -	
And I make this solemn declaration conscientiously belie the Oaths Act, 1900.	ving the same to be true and by virtue of the provisions of
Subscribed and declared at:	.
Thisday of	
20	My Signature
before me:	
I,	a JP for NSW certify
(Full name of JP)	(JP Registration Number)
(Tick a box that applies)	
1	
☐ I did not see the face of the declarant because he/she had a special justification for not removing	ne/she was wearing a face covering, but I am satisfied that it, and
(Tick a box that applies)	
2 I have known the person for at least 12 months	
☐ I confirmed the person's identity with	
	(Describe identification document relied on [PTO)
(Signature of JP)	(Date)





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR



★ NOTES FOR COMPLETING THE OPTIONAL STATUTORY DECLARATION

A person's identify can be confirmed with any one of the following approved identification documents, unless the document has expired or been cancelled. However, an Australian passport is acceptable if it expired no more than 2 years ago -

- a driver's licence or permit with a photograph, whether issued in Australia or another country
- a NSW photo card issued under Photo Card Act 2005
- an Australian proof of age card which contains the person's photograph
- an Australian passport (either current or expired less than 2 years ago)
- a passport or similar document with the person's photograph and signature issued by another country or by the United Nations
- a national identity card with the person's photograph and signature issued by another country or the United Nations (with an English language translation if not in English)
- an Australian citizenship certificate
- a foreign citizenship certificate (with an English language translation if not in English)
- a birth certificate or birth extract, whether issued in Australia, another country or by the United Nations (with an English language translation if not in English)
- a Centrelink pension card
- a credit card or passbook
- an account from a bank, building society or credit union, or statement of account up to one year old
- a Medicare card, pension concession card, Department of Veteran's Affairs entitlement card or other entitlement card issued by the Federal or any State Government
- an electoral enrolment card or other evidence of enrolment as an elector up to 2 years old, or
- a student identity card, or a certificate or statement of enrolment up to 2 years old from an educational institution

A copy of an identification document is acceptable if certified as a true copy by:

- any justice of the peace,
- notary public,
- commissioner of the court for taking affidavits,
- Australian legal practitioner authorised to take and receive any affidavit,
- the NSW Registrar-General,
- a Deputy Registrar-General,
- or other person by law authorised to administer an oath.

The certifier and the witness cannot be the same person.



MY FULL NAME

DISCLOSURE OF INTERESTS

SURNAME: LEONARD

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

For further information please read the Office of Local Government's Self help guide for completion of returns

GIVEN NAME: PETER

Ensure that wherever you have nothing to declare, that you have selected the word 'NIL' from the drop-drown lists.

DIOD. 4 IIII V 2040 TO 20 IIINE 2040

	RETURN PERIOD. 1	JULY 2016 10 30 JUNE	2010	
A REAL	A REAL PROPERTY			
Australia	You must include: (i) either the postal addres that you had an interest in at any time during the ary, Occupier or Other	eses OR particulars of title, i.e. Lot are Return Period; (ii) the Nature of your	nd DP (or SP) of properties anywhere in Interest, i.e. Owner, Part Owner, Lessee,	
	ch parcel of real property in which I had ar	n interest at any time during the	Nature of my Interest: Select from the drop-down list	
MY PLACE(S	s) OF RESIDENCE:			
No:	Street:	Lot & DP:	Lessee	
Suburb: Kanga	roo Creek	State: NSW		
No:	Street:	Lot & DP:	SELECT FROM LIST BELOW	
Suburb:		State:		
OTHER REA	L PROPERTY POSTAL ADDRESS DE	TAILS:		
No:	Street:	Lot & DP:	OF LEGT EDOM LIST BELOW	
Suburb:		State:	SELECT FROM LIST BELOW	
No:	Street:	Lot & DP:	OF LEGT EDOM LIST BELOW	
Suburb:	State:		SELECT FROM LIST BELOW	
No:	Street:	Lot & DP:	OF LEGT EDOM LIGT DELOW	
Suburb:		State:	SELECT FROM LIST BELOW	
No:	Street:	Lot & DP:	OF LEAT EDOM LIGT DELOW	
Suburb:		State:	SELECT FROM LIST BELOW	
No:	Street:	Lot & DP:	OF LEGT EDOM LIGT DELOW	
Suburb:		State:	SELECT FROM LIST BELOW	
No:	Street:	Lot & DP:	OF LEGT EDOM LIGT BELOW	
Suburb:			SELECT FROM LIST BELOW	

clarence

B SOURCES OF INCOM	IE			
公 A TIP: Only provide information w	nere the amount of incor	me from an occupation, a Trust or other source,	exceeded \$500.	
1 SOURCES OF MY INCOME (sources, not amounts, of income)		EUPATION(S) my Occupation(s) at any time during the Re	etum Period)	
Position Held e.g. Labourer, Cadet, Project Officer, Manager, etc. Name and Address of Employer or Description of Office held (if applicable) If self employed include business name & business address				
Ranger	CLARENCE VALLE 2 Prince Street GRAFTON NSW 2	Y COUNCIL		
2 SOURCES OF MY INCOM (sources of income, not amount If you have Nothing to Declar e, select	ınts, I received from a	Trust during the Return Period)	NIL	
NAME AND ADDRESS O		NAME AND ADDRES	S OF TRUSTEE	
TIPS: a Other Sources of Income	<u>t amounts, I received</u> e may include income fro	I at any time during the Return Period) om rental property, investments, business activitify the person, property or business activity fro		
which, that income was in the second was in the second which, that income was in the second with the second will be second with the secon		djacent Box	NIL	
C GIFTS	a single gift or multiple c	gifts from the same donor, the total value of whic	ch exceeded \$500	
If you have Nothing to Declare, select and move to Section D			NIL	
If you declare a gift U then you MUS on <u>Council's Intranet</u>	T also complete a Gi	fts and Benefits Declaration Form in the C	ouncillors Dropbox or located	
DESCRIPTION OF EACH GIFT RECEIVE TIME DURING THE RETURN I		NAME AND ADDRESS OF	GIFT DONOR	

D CONTRIBUTIONS TO TRAVEL						
A TIP: Do not include payments by Council for your work-related travel						
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section E						
NAME AND ADDRESS OF EACH PERSON WHO MADE GREATER THAN \$250 FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVEL UNDERTAKEN BY ME DURING THE RETURN PERIOD	DATES TRAVEL WAS UNDERTAKEN	NAME OF STATES, TERRITORIES OF THE COMMONWEALTH AND OTHER COUNTRIES IN WHICH TRAVEL WAS UNDERTAKEN				

TIPS: (i) Declare only if your shareholding was (not Shareholder) you held in a Corporation (inclu Corporation or the position was a paid position	greater than 10% of voting r ding not-for-profit corporation	ights in the corporation n) such as Director, whe	(ii) You must declare any position ther or not you held shares in the
If you have Nothing to Declare, select the word 'Nil' and move to Section F	in the adjacent Box	>	NIL
If you declare a Position $oldsymbol{0}$ you held in a Corporati Interests Disclosure Form in the Councillors Dropbo	- CONTROL OF THE PROPERTY OF T		ST complete a Conflict of
intereste Discissare i simi in the obtaining Droppe			
NAME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION AT ANY TIME DURING THE RETURN PERIOD	NATURE OF INTEREST (IF ANY) EG SHAREHOLDER	DESCRIPTION OF POSITION (IF ANY) EG DIRECTOR, COMPANY SECRETARY	PRINCIPAL OBJECTS OF CORPORATION (EXCEPT IN CASE OF LISTED COMPANY)
NAME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION	(IF ANY)	POSITION (IF ANY) EG DIRECTOR, COMPANY	CORPORATION (EXCEPT IN

F POSITIONS IN TRADE UNIONS OR PROFESSIONAL OR B	USINESS ASSOCIATION
A TIP: Do not include general membership but include details of any positions held whether remo	unerated or not
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section G	NIL
NAME OF EACH TRADE UNION AND EACH PROFESSIONAL OR BUSINESS ASSOCIATION IN WHICH I HELD ANY POSITION (WHETHER REMUNERATED OR NOT) AT ANY TIME DURING THE RETURN PERIOD	DESCRIPTION OF POSITION



G DEE	BTS		Character and Ch		
A TIP society	: You do not need to provide inform, credit union or other financial institu	mation on (i) the amounts; (ii) debts for tion such as for your home mortgage, cre	less than \$500; (iii) d dit card or departmer	ebts to any relative, bank, building nt store	
If you have and move to	Nothing to Declare, select the wo	ord 'Nil' in the adjacent Box	3	NIL	
NAME AND	O ADDRESS OF EACH PERSON OR	R ORGANISATION (CREDITOR) TO WHO	OM I WAS LIABLE TO	PAY ANY DEBT AT ANY TIME	
	NAME OF CREDITOR ADDRESS OF CREDITOR				
2 22					
H DISF	POSITIONS OF REAL	PROPERTY			
 creati creati transi transi 	sale of land (or grant of option by yo easement or covenant over the land i on of an option to purchase land in fa on by you of a charge over your land fer by you of an interest in your land t fer of land to your spouse or by your s	n you retain the ability to use the land, bu) with (i) a lease or licence granted to n favour of you avour of you;	beneficiary; nue to occupy the lan		
If you have land move to	Nothing to Declare, select the wo Section I	rd 'Nil' in the adjacent Box		NIL	
Should you		n on the information to be provided i Government (General) Regulation 2			
RE AN	RTICULARS OF EACH DIS	SPOSITION OF REAL PROPER JLT OF WHICH I RETAINED, E PERTY OR THE RIGHT TO RE	RTY BY ME AT	ANY TIME DURING THE Y OR IN PART, THE USE	
No:	Street:	Lot & DP:	Suburb:	State:	
No:	Street:	Lot & DP:	Suburb:	State:	
No:	Street:	Lot & DP:	Suburb:	State:	
UN RE	DER ARRANGEMENTS MA	POSITION OF REAL PROPERT ADE BY ME, BEING DISPOSIT ULT OF WHICH I OBTAINED I	IONS MADE AT	ANY TIME DURING THE	
No:	Street:	Lot & DP:	Suburb:	State:	
No:	Street:	Lot & DP:	Suburb:	State:	
No:	Street:	Lot & DP:	Suburb:	State:	



DISCLOSURE OF INTERESTS

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

I DISCRETIONARY DISCLOSURES						
A TIP: To be completed	f you wish to make any additional disclosures	5				
If you have Nothing to Declare, se and go to Sign and Date to compl	lect the word 'Nil' in the adjacent Box ete this Return	NIL				

MY SIGNATURE:			
DATE SIGNED:	3-7-2019		

NEXT STEPS:

- Ensure that wherever you had nothing to declare, that you have selected the word 'NIL' from the dropdrown lists.
- Print the form.
- Sign and date this page.
- Your form should then be forwarded to the Governance Coordinator at 2 Prince Street, Grafton

OPTIONAL STATUTORY DECLARATION:

Did you complete the optional Statutory Declaration on the next page?

If 'YES', make sure that you have listed the reasons for completing the form and then have your signature witnessed by a Justice of the Peace before submitting your Disclosure of Interest Form.





MY FULL NAME GIVEN NAME: PATRICK

DISCLOSURE OF INTERESTS

SURNAME: RIDGWAY

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

For further information please read the Office of Local Government's Self help guide for completion of returns

Ensure that wherever you have nothing to declare, that you have selected the word 'NIL' from the drop-drown lists.

	RETURN PERIOD. I	JUL 1 2016 10 30 JUNE	2019
A REAL	PROPERTY		
Australia	You must include: (i) either the postal addres that you had an interest in at any time during the ary, Occupier or Other		
Address of eac Return Period	ch parcel of real property in which I had an	interest at any time during the	Nature of my Interest: Select from the drop-down list
MY PLACE(S	S) OF RESIDENCE:		
No:	Street:		Owner
Suburb: Yamba	a	State: NSW	
No:	Street:	Lot & DP:	SELECT FROM LIST BELOW
Suburb:		State:	
OTHER REA	L PROPERTY POSTAL ADDRESS DET	TAILS:	
No: Street:		Lot & DP:	OF LEGT EDOM LIGT DELOW
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	CELECT EDOM LIST DELOW
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	CELECT EDOM LIST DELOW
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	OF LEGT EDOM LIGT DELOW
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	OF LEGT EDOM LIGT DELOW
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	OF LEGT EDOM LIST BELOW
Suburb:		State:	SELECT FROM LIST BELOW

If insufficient space, please attach a schedule to this form.



Please tick if adding an attachment \Box

DISCLOSURE OF INTERESTS

В	B SOURCES OF INCOME							
江	A TIP: Only provide information where the amount of income from an occupation, a Trust or other source, exceeded \$500.							
-	1 SOURCES OF MY INCOME FROM AN OCCUPATION(S) (sources, not amounts, of income I received from my Occupation(s) at any time during the Return Period)							
e.g. L	Position Held abourer, Cadet, Project Officer, Manager, etc.	Descrip	Name and Address of Employer or Description of Office held (if applicable) If self employed include business name & business address Name of Partnership (if applicable)					
Seni	or Development Planner	CLARENCE VALL 2 Prince Street GRAFTON NSW		NCIL				
•	2 SOURCES OF MY INCO (sources of income, not amo	unts, I received fron	a Trust o			NIII		
If you	u have Nothing to Declar e, selec		adjacent	t Box 🚽		NIL		
	NAME AND ADDRESS (A TIP: The 'Settlor' is the name of		st	NAME AND A	DDRESS C	OF TRUSTEE		
>	3 OTHER SOURCES OF M (sources of other income, n		ed at any	time during the Return Per	riod)			
汉		cription sufficient to ide		ll property, investments, busine person, property or business a				
If you	u have Nothing to Declare, select	the word 'Nil' in the	adjacent	Вох		NIL		
			1					
С	GIFTS							
汉	A TIP: Only include description of	a single gift or multiple	e gifts from	the same donor, the total valu	ue of which e	exceeded \$500		
•	u have Nothing to Declare, select move to Section D	the word 'Nil' in the	adjacent	Вох		NIL		
•	u declare a gift	ST also complete a	Gifts and l	Benefits Declaration Form	in the Cour	ncillors Dropbox or located		
DES	SCRIPTION OF EACH GIFT RECEIV TIME DURING THE RETURN			NAME AND ADDRI	ESS OF GIF	T DONOR		

CONTRIBUTIONS TO TRAVEL

DISCLOSURE OF INTERESTS

A TIP: Do not include payments by Council for yo	ur work-related travel			
If you have Nothing to Declare, select the word 'Nil' and move to Section E	in the adjacent Box	>	NIL	
NAME AND ADDRESS OF EACH PERSON WHO MAD GREATER THAN \$250 FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVEL UNDERTAKEN BY DURING THE RETURN PERIOD	NAME OF STATES, TE OF THE COMMONWE OTHER COUNTRIES TRAVEL WAS UNDE	EALTH AND IN WHICH		
E INTERESTS AND POSITIONS	IN CORPORATIO	NS		
TIPS: (i) Declare only if your shareholding was generated (not Shareholder) you held in a Corporation (included Corporation or the position was a paid position	greater than 10% of voting r ding not-for-profit corporatio	ights in the corpora n) such as Director	tion (ii) You must declar , whether or not you held	e any position shares in the
If you have Nothing to Declare, select the word 'Nil' and move to Section F	in the adjacent Box	•	NIL	
If you declare a Position U you held in a Corporation Interests Disclosure Form in the Councillors Dropbo			MUST complete a Conf	flict of
NAME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION AT ANY TIME DURING THE RETURN PERIOD	WHICH I HAD AN INTEREST OR HELD A POSITION (IF ANY) FOSITION (IF ANY)			JECTS OF (EXCEPT IN) COMPANY)
F POSITIONS IN TRADE UNIONS	OR PROFESSIO	NAL OR BU	JSINESS ASSO	CIATIONS
A TIP: Do not include general membership but inc	clude details of any positions	s held whether remu	nerated or not	
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section G				
NAME OF EACH TRADE UNION AND EACH PROFESSIONAL OR BUSINESS ASSOCIATION IN WHICH I HELD ANY POSITION (WHETHER REMUNERATED OR NOT) AT ANY TIME DURING THE RETURN PERIOD DESCRIPTION OF POSITION				



DISCLOSURE OF INTERESTS

G DEB	тѕ				
A TIP: society,	You do not need to provide information on (i) credit union or other financial institution such as	the amounts; (ii) debts for le for your home mortgage, cred	ess than \$500 lit card or dep	D; (iii) debts to any repartment store	lative, bank, building
	If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section H				
NAME AND	ADDRESS OF EACH PERSON OR ORGANISA DURI	ATION (CREDITOR) TO WHO NG THE RETURN PERIOD	M I WAS LIA	BLE TO PAY ANY DE	EBT AT ANY TIME
	NAME OF CREDITOR		ADDRES	SS OF CREDITOR	
H DISP	OSITIONS OF REAL PROPE	RTY			
of each the right of each the right of each the right of each dispose of grant of grant of the right of the	require more detailed explanation on the in and 188(2) of the Local Governme	ntities whereby you wholly or particle. d, the ability to use the land, lease or licence granted to you of a Trust of which you are a bethird party whereby you conting or receive a benefit, e.g. rent from adjacent Box formation to be provided in ent (General) Regulation 20	partly obtained vou or a right openeficiary; nue to occupy om the land.	the land; No, you should referult your solicitor	erty; se the land, (ii) or an IL to Clauses 188(1)
RE [*]	RTICULARS OF EACH DISPOSITIO FURN PERIOD AS A RESULT OF V D BENEFIT OF THE PROPERTY OF TE	VHICH I RETAINED, E	ITHER WI	HOLLY OR IN P	ART, THE USE
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
UN RE	RTICULARS OF EACH DISPOSITION DER ARRANGEMENTS MADE BY I TURN PERIOD, AS A RESULT OF I D BENEFIT OF THE PROPERTY	ME, BEING DISPOSITION	ONS MAD	E AT ANY TIM	E DURING THE
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

I DISCRETIONARY DISCLOSURES						
A TIP: To be completed if you wish to make any additional disclosures						
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and go to Sign and Date to complete this Return Select option from this list						

NEXT STEPS:

MY SIGNATURE

DATE SIGNED:

- Ensure that wherever you had nothing to declare, that you have selected the word 'NIL' from the dropdrown lists.
- Print the form.
- Sign and date this page.
- Your form should then be forwarded to the Governance Coordinator at 2 Prince Street, Grafton

OPTIONAL STATUTORY DECLARATION:

Did you complete the optional Statutory Declaration on the next page?

If 'YES', make sure that you have listed the reasons for completing the form and then have your signature witnessed by a Justice of the Peace before submitting your Disclosure of Interest Form.





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

COMPLETION OF THE FOLLOWING STATUTORY DECLARATION IS OPTIONAL

The declaration should be completed only if you want to withhold your place of living from the version of your Return which is made available for public inspection. Reasons for withholding your place of living must be detailed in the declaration.

STATUTORY DECLARATION

Request for Protection of Privacy (place of living) Local Government Act 1993, Section 739

I,	
of	
	ore on follows
in the State of New South Wales, do solemnly and sincerely declar	
	ther Matters that is available, or is to be made available, for public ared or amended so as to omit or remove any matter that would
I consider that the disclosure of my place of living would place, or my family, at risk for the reason(s) that –	r places, my personal safety, or the personal safety of members of
LIST YOUR REASONS HERE -	
And I make this solemn declaration conscientiously believed the Oaths Act, 1900.	ving the same to be true and by virtue of the provisions of
Subscribed and declared at:	
Thisday of	
20	
	My Signature
before me:	
I,	a JP for NSWcertify
(Full name of JP)	(JP Registration Number)
(Tick a box that applies)	
1	
_	e/she was wearing a face covering, but I am satisfied that
he/she had a special justification for not removing	it, and
(Tick a box that applies)	
2 ☐ I have known the person for at least 12 months ☐ I confirmed the person's identity with	
	(Describe identification document relied on [PTO)
(Signature of JP)	(Date)





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR



NOTES FOR COMPLETING THE OPTIONAL STATUTORY DECLARATION

A person's identity can be confirmed with any one of the following approved identification documents, unless the document has expired or been cancelled. However, an Australian passport is acceptable if it expired no more than 2 years ago –

- a driver's licence or permit with a photograph, whether issued in Australia or another country
- a NSW photo card issued under Photo Card Act 2005
- an Australian proof of age card which contains the person's photograph
- an Australian passport (either current or expired less than 2 years ago)
- a passport or similar document with the person's photograph and signature issued by another country or by the United Nations
- a national identity card with the person's photograph and signature issued by another country or the United Nations (with an English language translation if not in English)
- an Australian citizenship certificate
- a foreign citizenship certificate (with an English language translation if not in English)
- a birth certificate or birth extract, whether issued in Australia, another country or by the United Nations (with an English language translation if not in English)
- · a Centrelink pension card
- a credit card or passbook
- an account from a bank, building society or credit union, or statement of account up to one year old
- a Medicare card, pension concession card, Department of Veteran's Affairs entitlement card or other entitlement card issued by the Federal or any State Government
- an electoral enrolment card or other evidence of enrolment as an elector up to 2 years old, or
- a student identity card, or a certificate or statement of enrolment up to 2 years old from an educational institution

A copy of an identification document is acceptable if certified as a true copy by:

- any justice of the peace,
- · notary public,
- · commissioner of the court for taking affidavits,
- · Australian legal practitioner authorised to take and receive any affidavit,
- the NSW Registrar-General,
- a Deputy Registrar-General,
- or other person by law authorised to administer an oath.

The certifier and the witness cannot be the same person.





MY FULL NAME

DISCLOSURE OF INTERESTS

SURNAME: WILSON

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

For further information please read the Office of Local Government's Self help guide for completion of returns

GIVEN NAME: PETER RODNEY

Ensure that wherever you have nothing to declare, that you have selected the word 'NIL' from the drop-drown lists.

RETURN PERIOD: 1 JULY 2018 TO 30 JUNE 2019 REAL PROPERTY A TIP: You must include: (i) either the postal addresses OR particulars of title, i.e. Lot and DP (or SP) of properties anywhere in Australia that you had an interest in at any time during the Return Period; (ii) the Nature of your Interest, i.e. Owner, Part Owner, Lessee, Beneficiary, Occupier or Other Address of each parcel of real property in which I had an interest at any time during the Nature of my Interest: Select from Return Period the drop-down list 0 MY PLACE(S) OF RESIDENCE: No: Street: Lot & DP: Part Owner Suburb: Chatsworth State: NSW Street: Lot & DP: Nο. SELECT FROM LIST BELOW Suburb: State: OTHER REAL PROPERTY POSTAL ADDRESS DETAILS: Lot & DP: No: Street: SELECT FROM LIST BELOW Suburb: State: Lot & DP: No: Street: SELECT FROM LIST BELOW Suburb: State: Street: Lot & DP: No: SELECT FROM LIST BELOW Suburb: State: Lot & DP: Nο. Street: SELECT FROM LIST BELOW Suburb: State: Lot & DP: No: Street: SELECT FROM LIST BELOW Suburb: State: No: Street: Lot & DP: SELECT FROM LIST BELOW Suburb: State:



DISCLOSURE OF INTERESTS

В	SOURCES OF INCOME						
汉	A TIP: Only provide information where the amount of income from an occupation, a Trust or other source, exceeded \$500.						
>	1 SOURCES OF MY INCOME FROM AN OCCUPATION(S) (sources, not amounts, of income I received from my Occupation(s) at any time during the Return Period)						
e.g. l	Position Held e.g. Labourer, Cadet, Project Officer, Manager, etc. Name and Address of Employer or Description of Office held (if applicable) If self employed include business name & business address Name of Partnership (if applicable)					•	
Coa	st and Estuary Coordinator	CLARENCE VALLE 2 Prince Street GRAFTON NSW 2	Y CO				
>	2 SOURCES OF MY INCO (sources of income, not amo		-	st during the Return Period)			
If yo	u have Nothing to Declar e, selec	t the word 'Nil' in the	adjace	ent Box		Refer Below	
	NAME AND ADDRESS OF A TIP: The 'Settlor' is the name of			NAME AND ADDRESS OF TRUSTEE			
Wes	stlawn Property Trust – Clarence	Property		Westlawn Property Trust PO Box 1478 Ballina 2478			
ە ك <u>ن</u>		ot amounts, I received ne may include income fr ccription sufficient to ider	om rei	ntal property, investments, busir	ness activition	es, welfare payments; n whom, or the circumstances in	
If yo	u have Nothing to Declare, selec		adjace	nt Box		NIL	
C GIFTS							
A TIP: Only include description of a single gift or multiple gifts from the same donor, the total value of which exceeded \$500							
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section D							
-	If you declare a gift then you MUST also complete a Gifts and Benefits Declaration Form in the Councillors Dropbox or located on Council's Intranet						
DES	DESCRIPTION OF EACH GIFT RECEIVED BY ME AT ANY TIME DURING THE RETURN PERIOD NAME AND ADDRESS OF GIFT DONOR					IFT DONOR	

D CONTRIBUTIONS TO TRAVEL

DISCLOSURE OF INTERESTS

A TIP: Do not include payments by Council for you	ur work-related travel			
If you have Nothing to Declare, select the word 'Nil' and move to Section E	in the adjacent Box	>		NIL
GREATER THAN \$250 FINANCIAL OR OTHER	CONTRIBUTION TO ANY TRAVEL UNDERTAKEN BY ME DATES TRAVEL WAS			
E INTERESTS AND POSITIONS	IN CORPORATION	NS		
TIPS: (i) Declare only if your shareholding was of (not Shareholder) you held in a Corporation (include Corporation or the position was a paid position	greater than 10% of voting iding not-for-profit corporation	rights in the corpor n) such as Directo	ation (i or, wheth	ii) You must declare any position ner or not you held shares in the
If you have Nothing to Declare, select the word 'Nil' and move to Section F	in the adjacent Box	•		NIL
If you declare a Position U you held in a Corporation Interests Disclosure Form in the Councillors Dropbo			u MUS	Γ complete a Conflict of
NAME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION AT ANY TIME DURING THE RETURN PERIOD	NATURE OF INTEREST (IF ANY) EG SHAREHOLDER	DESCRIPTION POSITION (IF A EG DIRECTOR, CON SECRETARY	ANY) MPANY	PRINCIPAL OBJECTS OF CORPORATION (EXCEPT IN CASE OF LISTED COMPANY)
	I		I	
F POSITIONS IN TRADE UNIONS	OR PROFESSIO	NAL OR B	USIN	ESS ASSOCIATIONS
A TIP: Do not include general membership but inc	clude details of any positions	s held whether rem	unerated	d or not
If you have Nothing to Declare, select the word 'Nil' and move to Section G		Refer Below		
NAME OF EACH TRADE UNION AND EACH PROFE IN WHICH I HELD ANY POSITION (WHETH AT ANY TIME DURING THE F	HER REMUNERATED OR N		D	ESCRIPTION OF POSITION
Professionals Australia Local Government Engineer	s Association		Local	delegate



DISCLOSURE OF INTERESTS

				511012 0 00 VE111 V 111	OL GOORDII WATOR	
G DEB	тѕ					
A TIP: society,	You do not need to provide information on (i) credit union or other financial institution such as	the amounts; (ii) debts for le	ss than \$50 it card or de	0; (iii) debts to any re partment store	lative, bank, building	
If you have N and move to	lothing to Declare, select the word 'Nil' in the Section H	ne adjacent Box	>	N	IL	
NAME AND	ADDRESS OF EACH PERSON OR ORGANISA DURI	ATION (CREDITOR) TO WHO	M I WAS LIA	ABLE TO PAY ANY DE	EBT AT ANY TIME	
	NAME OF CREDITOR		ADDRE	SS OF CREDITOR		
H DISP	OSITIONS OF REAL PROPE	RTY				
of each the right the	You must disclose details: In disposal of real property since your last return to repurchase the property; In disposal of real property by other persons or eal includes — I rant of a lease or licence for all or part of the lan nortgage over your land, rant of easement over land by which you retain to alle of land (or grant of option by you) with (i) assement or covenant over the land in favour of your of an option to purchase land in favour of you; on by you of a charge over your land; are by you of an interest in your land to a Trustee are of land to your spouse or by your spouse to a ser of title of your land subject to you continuing to	ntities whereby you wholly or partities whereby you wholly or partition, he ability to use the land, lease or licence granted to you of a Trust of which you are a bathird party whereby you continuo receive a benefit, e.g. rent from	oartly obtained ou or a right openeficiary; ue to occupy	ed the use of the prope t for you to repurchas	erty;	
If you have N and move to	lothing to Declare, select the word 'Nil' in the Section I	ne adjacent Box		N	IL	
Should you i	Should you require more detailed explanation on the information to be provided in this Section, you should refer to Clauses 188(1) and 188(2) of the Local Government (General) Regulation 2005 or consult your solicitor					
RE [*]	RTICULARS OF EACH DISPOSITIO TURN PERIOD AS A RESULT OF V D BENEFIT OF THE PROPERTY OF TE	VHICH I RETAINED, E	ITHER W	HOLLY OR IN P	ART, THE USE	
No:	Street:	Lot & DP:	Suburb:		State:	
No:	Street:	Lot & DP:	Suburb:		State:	
No:	Street:	Lot & DP:	Suburb:		State:	
UN RE	RTICULARS OF EACH DISPOSITION DER ARRANGEMENTS MADE BY I TURN PERIOD, AS A RESULT OF I D BENEFIT OF THE PROPERTY	ME, BEING DISPOSITION	ONS MAI	DE AT ANY TIMI	E DURING THE	
No:	Street:	Lot & DP:	Suburb:		State:	
No:	Street:	Lot & DP:	Suburb:		State:	
No:	C'troot:	A+ V	L Cubush.		L'toto:	





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

I DISCRETIONARY DISCLOSURES						
X A TIP: To be co	mpleted if you	wish to make any add	ditional disclos	ures		
If you have Nothing to I and go to Sign and Date		ne word 'Nil' in the adjace is Return	ent Box	•	NIL	
	1				I	
MY SIGNATURE:	Ø					
DATE SIGNED:	3 JULY 2019					

NEXT STEPS:

- Ensure that wherever you had nothing to declare, that you have selected the word 'NIL' from the dropdrown lists.
- Print the form.
- Sign and date this page.
- Your form should then be forwarded to the Governance Coordinator at 2 Prince Street, Grafton

OPTIONAL STATUTORY DECLARATION:

Did you complete the optional Statutory Declaration on the next page?

If 'YES', make sure that you have listed the reasons for completing the form and then have your signature witnessed by a Justice of the Peace before submitting your Disclosure of Interest Form.





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

COMPLETION OF THE FOLLOWING STATUTORY DECLARATION IS OPTIONAL

The declaration should be completed only if you want to withhold your place of living from the version of your Return which is made available for public inspection. Reasons for withholding your place of living must be detailed in the declaration.

STATUTORY DECLARATION

Request for Protection of Privacy (place of living) Local Government Act 1993, Section 739

I,	
of	
	laro as follows
in the State of New South Wales, do solemnly and sincerely dec	
	Other Matters that is available, or is to be made available, for public pared or amended so as to omit or remove any matter that would
I consider that the disclosure of my place of living would place, of my family, at risk for the reason(s) that	or places, my personal safety, or the personal safety of members of
LIST YOUR REASONS HERE -	
And I make this solemn declaration conscientiously belief the Oaths Act, 1900.	eving the same to be true and by virtue of the provisions of
Subscribed and declared at:	
Thisday of	
20	
	My Signature
before me:	
I,	a JP for NSWcertify
(Full name of JP)	(JP Registration Number)
(Tiste a hose that a selfeet)	
 (Tick a box that applies) 1 □ I saw the face of the declarant 	
	ne/she was wearing a face covering, but I am satisfied that
he/she had a special justification for not removing	
(Tick a box that applies)	
2	
☐ I confirmed the person's identity with	(Describe identification document relied on [PTO)
	• /
(0)	
(Signature of JP)	(Date)





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR



NOTES FOR COMPLETING THE OPTIONAL STATUTORY DECLARATION

A person's identity can be confirmed with any one of the following approved identification documents, unless the document has expired or been cancelled. However, an Australian passport is acceptable if it expired no more than 2 years ago –

- a driver's licence or permit with a photograph, whether issued in Australia or another country
- · a NSW photo card issued under Photo Card Act 2005
- an Australian proof of age card which contains the person's photograph
- an Australian passport (either current or expired less than 2 years ago)
- a passport or similar document with the person's photograph and signature issued by another country or by the United Nations
- a national identity card with the person's photograph and signature issued by another country or the United Nations (with an English language translation if not in English)
- an Australian citizenship certificate
- a foreign citizenship certificate (with an English language translation if not in English)
- a birth certificate or birth extract, whether issued in Australia, another country or by the United Nations (with an English language translation if not in English)
- · a Centrelink pension card
- a credit card or passbook
- an account from a bank, building society or credit union, or statement of account up to one year old
- a Medicare card, pension concession card, Department of Veteran's Affairs entitlement card or other entitlement card issued by the Federal or any State Government
- an electoral enrolment card or other evidence of enrolment as an elector up to 2 years old, or
- a student identity card, or a certificate or statement of enrolment up to 2 years old from an educational institution

A copy of an identification document is acceptable if certified as a true copy by:

- any justice of the peace,
- · notary public,
- · commissioner of the court for taking affidavits,
- · Australian legal practitioner authorised to take and receive any affidavit,
- the NSW Registrar-General,
- a Deputy Registrar-General,
- or other person by law authorised to administer an oath.

The certifier and the witness cannot be the same person.





MY FULL NAME GIVEN NAME: RUTH

DISCLOSURE OF INTERESTS

SURNAME: HALLETT

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

For further information please read the Office of Local Government's Self help guide for completion of returns

Ensure that wherever you have nothing to declare, that you have selected the word 'NIL' from the drop-drown lists.

RETURN PERIOD: 25 FEBRUARY 2019 TO 30 JUNE 2019 REAL PROPERTY A TIP: You must include: (i) either the postal addresses OR particulars of title, i.e. Lot and DP (or SP) of properties anywhere in Australia that you had an interest in at any time during the Return Period; (ii) the Nature of your Interest, i.e. Owner, Part Owner, Lessee, Beneficiary, Occupier or Other Address of each parcel of real property in which I had an interest at any time during the Nature of my Interest: Select from Return Period the drop-down list 0 MY PLACE(S) OF RESIDENCE: No: Street: Lot & DP: Part Owner Suburb: Belmont North State: NSW Street: Lot & DP: No. Part Owner Suburb: Lawrence State: NSW OTHER REAL PROPERTY POSTAL ADDRESS DETAILS: Lot & DP: No: Street: Part Owner Suburb: North Tamworth State: NSW Lot & DP: No: Street: SELECT FROM LIST BELOW Suburb: State: Street: Lot & DP: No: SELECT FROM LIST BELOW Suburb: State: Lot & DP: No: Street: SELECT FROM LIST BELOW Suburb: State: No: Street: Lot & DP: SELECT FROM LIST BELOW Suburb: State: No: Street: Lot & DP: SELECT FROM LIST BELOW Suburb: State:

If insufficient space, please attach a schedule to this form.

clarence

Please tick if adding an attachment \square

DISCLOSURE OF INTERESTS

B SOURCES OF INCOM	1E					
A TIP: Only provide information w	here the amount of incor	ne from an occupation, a	Trust or other source,	exceeded \$500.		
1 SOURCES OF MY INCOME FROM AN OCCUPATION(S) (sources, not amounts, of income I received from my Occupation(s) at any time during the Return Period)						
Position Held e.g. Labourer, Cadet, Project Officer, Manager, etc.	Description	and Address of Employ on of Office held (if app	licable)	Name of Partnership (if applicable)		
Development Engineer	CLARENCE VALLE 2 Prince Street GRAFTON NSW 2		business address			
Development Engineer	LAKE MACQUARIE 126 – 138 Main Roa SPEERS POINT NS	d				
SOURCES OF MY INCOM (sources of income, not amount amoun	unts, I received from a	Trust during the Retu	n Period)			
If you have Nothing to Declar e, select	t the word 'Nil' in the a	djacent Box		NIL		
NAME AND ADDRESS C A TIP: The 'Settlor' is the name of a		NA	ME AND ADDRES	S OF TRUSTEE		
_ 	ot amounts, I received e may include income fro	om rental property, investr	nents, business activi	ties, welfare payments; m whom, or the circumstances in		
which, that income was	received.		i business activity no	in whom, of the circumstances in		
If you have Nothing to Declare, select		djacent Box		Refer Below		
Income from rental property – Tamworth	North					
Income from rental property –	Belmont No	rth				
C GIFTS						
A TIP: Only include description of	a single gift or multiple g	ifts from the same donor,	the total value of whi	ch exceeded \$500		
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section D						
If you declare a gift then you MUS on Council's Intranet	ST also complete a Git	its and Benefits Declar	ation Form in the C	ouncillors Dropbox or located		
DESCRIPTION OF EACH GIFT RECEIVED BY ME AT ANY TIME DURING THE RETURN PERIOD NAME AND ADDRESS OF GIFT DONOR						

CONTRIBUTIONS TO TRAVEL

DISCLOSURE OF INTERESTS

A TIP: Do not include payments by Council for yo	ur work-related travel			
If you have Nothing to Declare, select the word 'Nil' and move to Section E	in the adjacent Box	>	NIL	
NAME AND ADDRESS OF EACH PERSON WHO MAI GREATER THAN \$250 FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVEL UNDERTAKEN BY DURING THE RETURN PERIOD	VEL WAS TAKEN	NAME OF STATES, TERRITORIES OF THE COMMONWEALTH AND OTHER COUNTRIES IN WHICH TRAVEL WAS UNDERTAKEN		
E INTERESTS AND POSITIONS	IN CORPORATIO	NS		
TIPS: (i) Declare only if your shareholding was (not Shareholder) you held in a Corporation (inclu Corporation or the position was a paid position	greater than 10% of voting r ding not-for-profit corporatio	ights in the corporatin) such as Director,	on (ii) You must declare any position whether or not you held shares in the	
If you have Nothing to Declare, select the word 'Nil' and move to Section F	in the adjacent Box	>	NIL	
If you declare a Position U you held in a Corporati Interests Disclosure Form in the Councillors Dropbo	on that had a relationship x or located on Council's	with Council, you I	MUST complete a Conflict of	
NAME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION AT ANY TIME DURING THE RETURN PERIOD	NATURE OF INTEREST (IF ANY) EG SHAREHOLDER	DESCRIPTION C POSITION (IF AN EG DIRECTOR, COMPA SECRETARY	Y) PRINCIPAL OBJECTS OF	
F POSITIONS IN TRADE UNIONS	OR PROFESSIO	NAL OR BU	SINESS ASSOCIATIONS	
A TIP: Do not include general membership but in	clude details of any positions	held whether remun	erated or not	
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section G				
NAME OF EACH TRADE UNION AND EACH PROFESSIONAL OR BUSINESS ASSOCIATION IN WHICH I HELD ANY POSITION (WHETHER REMUNERATED OR NOT) AT ANY TIME DURING THE RETURN PERIOD DESCRIPTION OF POSITION				

DISCLOSURE OF INTERESTS

G DEB	G DEBTS					
A TIP: society,	You do not need to provide information on (i) credit union or other financial institution such as	the amounts; (ii) debts for le	ess than \$500 lit card or dep	; (iii) debts to any re artment store	lative, bank, building	
If you have N	lothing to Declare, select the word 'Nil' in the Section H	ne adjacent Box	-	N	IL	
NAME AND	ADDRESS OF EACH PERSON OR ORGANISA DURI	TION (CREDITOR) TO WHO	M I WAS LIA	BLE TO PAY ANY DE	EBT AT ANY TIME	
	NAME OF CREDITOR		ADDRES	SS OF CREDITOR		
H DISP	OSITIONS OF REAL PROPE	RTY				
of each the right the rig	You must disclose details: In disposal of real property since your last return that to repurchase the property; In disposal of real property by other persons or end includes — I rant of a lease or licence for all or part of the landortgage over your land, I rant of easement over land by which you retain the ale of land (or grant of option by you) with (i) a leasement or covenant over the land in favour of your of an option to purchase land in favour of your by you of a charge over your land; I re by you of an interest in your land to a Trustee per of land to your spouse or by your spouse to a ser of title of your land subject to you continuing to lothing to Declare, select the word 'Nii' in the	ntities whereby you wholly or partities whereby you wholly or partition, he ability to use the land, lease or licence granted to you of a Trust of which you are a bathird party whereby you continuous receive a benefit, e.g. rent from	oartly obtained vou or a right peneficiary; the to occupy	d the use of the proper for you to repurchas the land;	erty; se the land, (ii) or an	
-	and move to Section I					
Should you require more detailed explanation on the information to be provided in this Section, you should refer to Clauses 188(1) and 188(2) of the Local Government (General) Regulation 2005 or consult your solicitor						
1 PARTICULARS OF EACH DISPOSITION OF REAL PROPERTY BY ME AT ANY TIME DURING THE RETURN PERIOD AS A RESULT OF WHICH I RETAINED, EITHER WHOLLY OR IN PART, THE USE AND BENEFIT OF THE PROPERTY OR THE RIGHT TO REACQUIRE THE PROPERTY AT A LATER DATE						
No:	Street:	Lot & DP:	Suburb:		State:	
No:	Street:	Lot & DP:	Suburb:		State:	
No:	Street:	Lot & DP:	Suburb:		State:	
UN RE	RTICULARS OF EACH DISPOSITION DER ARRANGEMENTS MADE BY I TURN PERIOD, AS A RESULT OF I D BENEFIT OF THE PROPERTY	ME, BEING DISPOSITION	ONS MAD	E AT ANY TIM	E DURING THE	
No:	Street:	Lot & DP:	Suburb:		State:	
No:	Street:	Lot & DP:	Suburb:		State:	
No:	Street:	Lot & DP:	Suburb:		State:	





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

I DISCRETIONARY DISCLOSURES				
A TIP: To be completed if you wish to make any additional disclosures				
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and go to Sign and Date to complete this Return				

MY SIGNATURE:	
DATE SIGNED:	31/7/2019

NEXT STEPS:

- Ensure that wherever you had nothing to declare, that you have selected the word 'NIL' from the dropdrown lists.
- Print the form.
- Sign and date this page.
- Your form should then be forwarded to the Governance Coordinator at 2 Prince Street, Grafton

OPTIONAL STATUTORY DECLARATION:

Did you complete the optional Statutory Declaration on the next page?

If 'YES', make sure that you have listed the reasons for completing the form and then have your signature witnessed by a Justice of the Peace before submitting your Disclosure of Interest Form.





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COMPLETION OF THE FOLLOWING STATUTORY DECLARATION IS OPTIONAL

The declaration should be completed only if you want to withhold your place of living from the version of your Return which is made available for public inspection. Reasons for withholding your place of living must be detailed in the declaration.

STATUTORY DECLARATION

Request for Protection of Privacy (place of living) Local Government Act 1993, Section 739

l,	
of	
in the State of New South Wales, do solemnly and sincerely dec	lare as follows –
	other Matters that is available, or is to be made available, for public pared or amended so as to omit or remove any matter that would
I consider that the disclosure of my place of living would place, o my family, at risk for the reason(s) that –	r places, my personal safety, or the personal safety of members of
LIST YOUR REASONS HERE -	
And I make this solemn declaration conscientiously belie the Oaths Act, 1900.	ving the same to be true and by virtue of the provisions of
Subscribed and declared at:	
This day of	
20	May O'rear advers
	My Signature
before me:	
1	a ID for NCW
(Full name of JP)	_ a JP for NSW certify (JP Registration Number)
,	,
(Tick a box that applies)	
1	
_	ne/she was wearing a face covering, but I am satisfied that
he/she had a special justification for not removing	
(Tick a box that applies)	
2 I have known the person for at least 12 months	
☐ I confirmed the person's identity with	
	(Describe identification document relied on [PTO)
(Signature of ID)	(Data)
(Signature of JP)	(Date)





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR



★ NOTES FOR COMPLETING THE OPTIONAL STATUTORY DECLARATION

A person's identify can be confirmed with any one of the following approved identification documents, unless the document has expired or been cancelled. However, an Australian passport is acceptable if it expired no more than 2 years ago -

- a driver's licence or permit with a photograph, whether issued in Australia or another country
- a NSW photo card issued under Photo Card Act 2005
- an Australian proof of age card which contains the person's photograph
- an Australian passport (either current or expired less than 2 years ago)
- a passport or similar document with the person's photograph and signature issued by another country or by the United Nations
- a national identity card with the person's photograph and signature issued by another country or the United Nations (with an English language translation if not in English)
- an Australian citizenship certificate
- a foreign citizenship certificate (with an English language translation if not in English)
- a birth certificate or birth extract, whether issued in Australia, another country or by the United Nations (with an English language translation if not in English)
- a Centrelink pension card
- a credit card or passbook
- an account from a bank, building society or credit union, or statement of account up to one year old
- a Medicare card, pension concession card, Department of Veteran's Affairs entitlement card or other entitlement card issued by the Federal or any State Government
- an electoral enrolment card or other evidence of enrolment as an elector up to 2 years old, or
- a student identity card, or a certificate or statement of enrolment up to 2 years old from an educational institution

A copy of an identification document is acceptable if certified as a true copy by:

- any justice of the peace,
- notary public,
- commissioner of the court for taking affidavits,
- Australian legal practitioner authorised to take and receive any affidavit,
- the NSW Registrar-General,
- a Deputy Registrar-General,
- or other person by law authorised to administer an oath.

The certifier and the witness cannot be the same person.





MY FULL NAME

DISCLOSURE OF INTERESTS

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

SURNAME: KABIR

For further information please read the Office of Local Government's Self help guide for completion of returns

GIVEN NAME: Rashed

Ensure that wherever you have nothing to declare, that you have selected the word 'NIL' from the drop-drown lists.

RETURN PERIOD: 1 JULY 2018 TO 30 JUNE 2019					
A REAL	PROPERTY				
Australia	You must include: (i) either the postal addres that you had an interest in at any time during the ary, Occupier or Other	ses OR particulars of title, i.e. Lot a Return Period; (ii) the Nature of your	nd DP (or SP) of properties anywhere in r Interest, i.e. Owner, Part Owner, Lessee,		
Address of ea Return Period	ch parcel of real property in which I had an	interest at any time during the	Nature of my Interest: Select from the drop-down list		
MY PLACE(S	S) OF RESIDENCE:				
No:	Street:	Lot & DP:	Occupier		
Suburb: Coffs	Harbour	State: NSW	0000400		
No: NIL	NIL	NIL	NIL		
NIL		NIL			
OTHER REA	L PROPERTY POSTAL ADDRESS DE	TAILS:			
No: NIL	NIL	NIL	NIL		
NIL		NIL			
NIL	NIL	NIL	NIL		
NIL		NIL			
NIL	NIL	NIL	NIL		
NIL		NIL			
NIL	NIL	NIL	NIL		
NIL		NIL			
NIL	NIL	NIL	NIL		
NIL	•	NIL			
NIL	NIL	NIL	NIL		
NIL		NIL			

If insufficient space, please attach a schedule to this form.

clarence

Please tick if adding an attachment

DISCLOSURE OF INTERESTS

B SOURCES OF INCOM	IE						
A TIP: Only provide information where the amount of income from an occupation, a Trust or other source, exceeded \$500.							
⇒ 1 SOURCES OF MY INCOME FROM AN OCCUPATION(S) (sources, not amounts, of income I received from my Occupation(s) at any time during the Return Period)							
Position Held e.g. Labourer, Cadet, Project Officer, Manager, etc.		otion of	Office he	f Employer or ld (if applicable)	address	Name of Partnership (if applicable)	
Electrical Engineer	CLARENCE VALL 2 Prince Street GRAFTON NSW	EY CC				NIL	
NIL	NIL					NIL	
NIL	NIL					NIL	
NIL	NIL					NIL	
SOURCES OF MY INCOM (sources of income, not amou		_	st during t	he Return Period)			
If you have Nothing to Declar e, select	the word 'Nil' in the	adjac	ent Box	\Rightarrow		NIL	
NAME AND ADDRESS C		st		NAME AND	ADDRES	S OF TRUSTEE	
NIL			NIL				
NIL			NIL				
3 OTHER SOURCES OF M (sources of other income, no		ed at a	ny time du	uring the Return P	eriod)		
TIPS: a Other Sources of Income b You must include a describing which, that income was	cription sufficient to ide			-		ties, welfare payments; m whom, or the circumstances in	
If you have Nothing to Declare, select	the word 'Nil' in the	adjace	nt Box	•		NIL	
NIL			NIL				
NIL			NIL				
C GIFTS							
A TIP: Only include description of	a single gift or multiple	e gifts fr	om the san	ne donor, the total va	alue of whic	ch exceeded \$500	
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section D							
If you declare a gift then you MUST also complete a Gifts and Benefits Declaration Form in the Councillors Dropbox or located on Council's Intranet							
DESCRIPTION OF EACH GIFT RECEIVED BY ME AT ANY TIME DURING THE RETURN PERIOD NAME AND ADDRESS OF GIFT DONOR							
NIL NIL							
NIL NIL							
NIL NIL							



DISCLOSURE OF INTERESTS

D CONTRIBUTIONS TO TRAVEL					
A TIP: Do not include payments by Council for your work-related travel					
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section E					
NAME AND ADDRESS OF EACH PERSON WHO MADE GREATER THAN \$250 FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVEL UNDERTAKEN BY ME DURING THE RETURN PERIOD NAME OF STATES, TERRITORIES OF THE COMMONWEALTH AND OTHER COUNTRIES IN WHICH UNDERTAKEN TRAVEL WAS UNDERTAKEN					
NIL	NIL	NIL			
NIL	NIL	NIL			
NIL	NIL	NIL			

THE	1412	1.41	-			
E INTERESTS AND POSITIONS		Me				
E INTERESTS AND POSITIONS	IN CORPORATIO	JN3				
TIPS: (i) Declare only if your shareholding was greater than 10% of voting rights in the corporation (ii) You must declare any position (not Shareholder) you held in a Corporation (including not-for-profit corporation) such as Director, whether or not you held shares in the Corporation or the position was a paid position						
If you have Nothing to Declare, select the word 'Nil' and move to Section \ensuremath{F}	in the adjacent Box	•	NIL			
If you declare a Position U you held in a Corporation Interests Disclosure Form in the Councillors Dropbo	·		ST complete a Conflict of			
NAME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION AT ANY TIME DURING THE RETURN PERIOD	WHICH I HAD AN INTEREST OR HELD A POSITION (IF ANY) FIGURE OF INTEREST POSITION (IF ANY) CORPORATION (EXCEPT IN					
NIL NIL NIL NIL						
NIL	NIL	NIL	NIL			
NIL	NIL	NIL	NIL			
NIL	NIL	NIL	NIL			

F POSITIONS IN TRADE UNIONS OR PROFESSIONAL OR B	USINESS ASSOCIATIONS			
A TIP: Do not include general membership but include details of any positions held whether remunerated or not				
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section G	NIL			
NAME OF EACH TRADE UNION AND EACH PROFESSIONAL OR BUSINESS ASSOCIATION IN WHICH I HELD ANY POSITION (WHETHER REMUNERATED OR NOT) AT ANY TIME DURING THE RETURN PERIOD	DESCRIPTION OF POSITION			
NIL	NIL			
NIL	NIL			
NIL	NIL			



DISCLOSURE OF INTERESTS

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

G	DEBTS	

A TIP: You do not need to provide information on (i) the amounts; (ii) debts for less than \$500; (iii) debts to any relative, bank, building society, credit union or other financial institution such as for your home mortgage, credit card or department store

If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section H

NIL

NAME AND ADDRESS OF EACH PERSON OR ORGANISATION (CREDITOR) TO WHOM I WAS LIABLE TO PAY ANY DEBT AT ANY TIME DURING THE RETURN PERIOD

NAME OF CREDITOR	ADDRESS OF CREDITOR		
NIL	NIL		

H DISPOSITIONS OF REAL PROPERTY

TIPS: You must disclose details:

- of each disposal of real property since your last return was made by which you wholly or partly retained the use or benefit of the property or the right to repurchase the property;
- of each disposal of real property by other persons or entities whereby you wholly or partly obtained the use of the property;
- disposal includes
 - o grant of a lease or licence for all or part of the land,
 - mortgage over your land,
 - o grant of easement over land by which you retain the ability to use the land,
 - sale of land (or grant of option by you) with (i) a lease or licence granted to you or a right for you to repurchase the land, (ii) or an easement or covenant over the land in favour of you
- creation of an option to purchase land in favour of you;
- · creation by you of a charge over your land;
- transfer by you of an interest in your land to a Trustee of a Trust of which you are a beneficiary;
- · transfer of land to your spouse or by your spouse to a third party whereby you continue to occupy the land;
- transfer of title of your land subject to you continuing to receive a benefit, e.g. rent from the land.

If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section I



NIL

Should you require more detailed explanation on the information to be provided in this Section, you should refer to Clauses 188(1) and 188(2) of the Local Government (General) Regulation 2005 or consult your solicitor

1 PARTICULARS OF EACH DISPOSITION OF REAL PROPERTY BY ME AT ANY TIME DURING THE RETURN PERIOD AS A RESULT OF WHICH I RETAINED, EITHER WHOLLY OR IN PART, THE USE AND BENEFIT OF THE PROPERTY OR THE RIGHT TO REACQUIRE THE PROPERTY AT A LATER DATE

No: NIL	Street: NIL	NIL	NIL	State: NIL
No: NIL	NIL	NIL	NIL	NIL
NIL	NIL	NIL	NIL	NIL

2 PARTICULARS OF EACH DISPOSITION OF REAL PROPERTY TO A PERSON BY ANOTHER PERSON UNDER ARRANGEMENTS MADE BY ME, BEING DISPOSITIONS MADE AT ANY TIME DURING THE RETURN PERIOD, AS A RESULT OF WHICH I OBTAINED EITHER WHOLLY OR IN PART, THE USE AND BENEFIT OF THE PROPERTY

No: NIL	NIL	NIL	NIL	NIL
NIL	NIL	NIL	NIL	NIL
NIL	NIL	NIL	NIL	NIL





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

I DISCRETIONARY DISCLOSURES				
A TIP: To be completed if you wish to make any additional disclosures				
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and go to Sign and Date to complete this Return				
NIL	NIL			
NIL NIL				
NIL	NIL			

MY SIGNATURE:

31/07/2019

DATE SIGNED:

NEXT STEPS:

- Ensure that wherever you had nothing to declare, that you have selected the word 'NIL' from the drop-drown lists.
- Print the form.
- Sign and date this page.
- Your form should then be forwarded to the Governance Coordinator at 2 Prince Street, Grafton

OPTIONAL STATUTORY DECLARATION:

Did you complete the optional Statutory Declaration on the next page?

If 'YES', make sure that you have listed the reasons for completing the form and then have your signature witnessed by a Justice of the Peace before submitting your Disclosure of Interest Form.





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

COMPLETION OF THE FOLLOWING STATUTORY DECLARATION IS OPTIONAL

The declaration should be completed only if you want to withhold your place of living from the version of your Return which is made available for public inspection. Reasons for withholding your place of living must be detailed in the declaration.

STATUTORY DECLARATION

Request for Protection of Privacy (place of living) Local Government Act 1993, Section 739

I,				
of				
in the State of New South Wales, do solemnly and sincerely dec	lare as follows –			
I request that my Annual Return of Disclosure of Interests and Other Matters that is available, or is to be made available, for public inspection by or under the Local Government Act 1993 be prepared or amended so as to omit or remove any matter that would disclose, or discloses, my place of living.				
I consider that the disclosure of my place of living would place, of my family, at risk for the reason(s) that	or places, my personal safety, or the personal safety of members of			
LIST YOUR REASONS HERE -				
And I make this solemn declaration conscientiously belief the Oaths Act, 1900.	ving the same to be true and by virtue of the provisions of			
Subscribed and declared at:				
Thisday of				
20				
	My Signature			
before me:				
1	a ID for NCW			
(Full name of JP)	_ a JP for NSW certify (JP Registration Number)			
(Tick a box that applies)				
1 I saw the face of the declarant				
	ne/she was wearing a face covering, but I am satisfied that			
he/she had a special justification for not removing	it, and			
 (Tick a box that applies) I have known the person for at least 12 months 				
☐ I confirmed the person's identity with				
	(Describe identification document relied on [PTO)			
(Signature of JP)	(Date)			
(Signature or or)	(Date)			





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR



近 NOTES FOR COMPLETING THE OPTIONAL STATUTORY DECLARATION

A person's identify can be confirmed with any one of the following approved identification documents, unless the document has expired or been cancelled. However, an Australian passport is acceptable if it expired no more than 2 years ago -

- a driver's licence or permit with a photograph, whether issued in Australia or another country
- a NSW photo card issued under Photo Card Act 2005
- an Australian proof of age card which contains the person's photograph
- an Australian passport (either current or expired less than 2 years ago)
- a passport or similar document with the person's photograph and signature issued by another country or by the United Nations
- a national identity card with the person's photograph and signature issued by another country or the United Nations (with an English language translation if not in English)
- an Australian citizenship certificate
- a foreign citizenship certificate (with an English language translation if not in English)
- a birth certificate or birth extract, whether issued in Australia, another country or by the United Nations (with an English language translation if not in English)
- a Centrelink pension card
- a credit card or passbook
- an account from a bank, building society or credit union, or statement of account up to one year old
- a Medicare card, pension concession card, Department of Veteran's Affairs entitlement card or other entitlement card issued by the Federal or any State Government
- an electoral enrolment card or other evidence of enrolment as an elector up to 2 years old, or
- a student identity card, or a certificate or statement of enrolment up to 2 years old from an educational institution

A copy of an identification document is acceptable if certified as a true copy by:

- any justice of the peace,
- notary public,
- commissioner of the court for taking affidavits,
- Australian legal practitioner authorised to take and receive any affidavit,
- the NSW Registrar-General,
- a Deputy Registrar-General,
- or other person by law authorised to administer an oath.

The certifier and the witness cannot be the same person.





MY FULL NAME

DISCLOSURE OF INTERESTS

SURNAME: MCCANN

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

For further information please read the

Office of Local Government's Self help guide for completion of returns

GIVEN NAME: ROSS LINDSAY

Ensure that wherever you have nothing to declare, that you have selected the word 'NIL' from the drop-drown lists.

RETURN PERIOD: 1 JULY 2018 TO 30 JUNE 2019 REAL PROPERTY A TIP: You must include: (i) either the postal addresses OR particulars of title, i.e. Lot and DP (or SP) of properties anywhere in Australia that you had an interest in at any time during the Return Period; (ii) the Nature of your Interest, i.e. Owner, Part Owner, Lessee, Beneficiary, Occupier or Other Address of each parcel of real property in which I had an interest at any time during the Nature of my Interest: Select from the drop-down list Return Period 0 MY PLACE(S) OF RESIDENCE: No: Street: Lot & DP: Owner Suburb: Yamba State: NSW Street: Lot & DP: Nο. SELECT FROM LIST BELOW Suburb: State: OTHER REAL PROPERTY POSTAL ADDRESS DETAILS: Lot & DP: No: Street: SELECT FROM LIST BELOW Suburb: State: Lot & DP: No: Street: SELECT FROM LIST BELOW Suburb: State: Street: Lot & DP: No: SELECT FROM LIST BELOW Suburb: State: Lot & DP: Nο. Street: SELECT FROM LIST BELOW Suburb: State: Lot & DP: No: Street: SELECT FROM LIST BELOW Suburb: State: No: Street: Lot & DP: SELECT FROM LIST BELOW Suburb: State:

If insufficient space, please attach a schedule to this form.

clarence

Please tick if adding an attachment \square

DISCLOSURE OF INTERESTS

SOURCES OF INCOME					
A TIP: Only provide information where the amount of income from an occupation, a Trust or other source, exceeded \$500.					
	SOURCES OF MY INCOME FROM AN OCCUPATION(S) (sources, not amounts, of income I received from my Occupation(s) at any time during the Return Period)				
Position Held e.g. Labourer, Cadet, Project Officer, Manager, etc.	Descrip	e and Address of Employ tion of Office held (if app actude business name &	licable)	Name of Partnership (if applicable)	
2 P	ARENCE VALL rince Street AFTON NSW				
2 SOURCES OF MY INCOME F	POM A TRUE	ST.			
(sources of income, not amounts,	I received from	a Trust during the Retur	n Period)	NIII	
If you have Nothing to Declar e, select the	word 'Nil' in the	adjacent Box		NIL	
NAME AND ADDRESS OF SE A TIP: The 'Settlor' is the name of a persor	_	, NA	ME AND ADDRESS	OF TRUSTEE	
•	ounts, I receive include income on sufficient to ide	from rental property, investr	nents, business activiti	es, welfare payments; n whom, or the circumstances in	
which, that income was received in the white white white was received in the white white white was received in the was received in the white was received in the white was received in the white was received in the was received in the white was received in the white was received in the		adjacent Box	>	NIL	
C GIFTS					
A TIP: Only include description of a sing	gle gift or multiple	e gifts from the same donor,	the total value of which	n exceeded \$500	
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section D				NIL	
If you declare a gift then you MUST also complete a Gifts and Benefits Declaration Form in the Councillors Dropbox or located on Council's Intranet					
DESCRIPTION OF EACH GIFT RECEIVED BY ME AT ANY TIME DURING THE RETURN PERIOD NAME AND ADDRESS OF GIFT DONOR				IFT DONOR	

CONTRIBUTIONS TO TRAVEL

DISCLOSURE OF INTERESTS

A TIP: Do not include payments by Council for yo	ur work-related travel			
If you have Nothing to Declare, select the word 'Nil' and move to Section E	in the adjacent Box	>		NIL
GREATER THAN \$250 FINANCIAL OR OTHER	CONTRIBUTION TO ANY TRAVEL UNDERTAKEN BY ME DATES TRAVEL WAS			OF STATES, TERRITORIES HE COMMONWEALTH AND ER COUNTRIES IN WHICH AVEL WAS UNDERTAKEN
E INTERESTS AND POSITIONS	IN CORPORATIO	NS		
TIPS: (i) Declare only if your shareholding was (not Shareholder) you held in a Corporation (included Corporation or the position was a paid position	greater than 10% of voting r ding not-for-profit corporatio	ights in the corpora n) such as Director	tion (ii) , whether	You must declare any position or not you held shares in the
If you have Nothing to Declare, select the word 'Nil' and move to Section F	in the adjacent Box	•	NIL	
If you declare a Position U you held in a Corporation Interests Disclosure Form in the Councillors Dropbo	on that had a relationship x or located on Council's	with Council, you Intranet	MUST c	omplete a Conflict of
NAME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION AT ANY TIME DURING THE RETURN PERIOD	NATURE OF INTEREST (IF ANY) EG SHAREHOLDER	DESCRIPTION POSITION (IF AI EG DIRECTOR, COMF SECRETARY	NY)	PRINCIPAL OBJECTS OF CORPORATION (EXCEPT IN CASE OF LISTED COMPANY)
			IONIE	00.400.004.710.11
F POSITIONS IN TRADE UNIONS				
A TIP: Do not include general membership but inc	clude details of any positions	held whether remu	nerated or	r not
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section G				NIL
NAME OF EACH TRADE UNION AND EACH PROFESSIONAL OR BUSINESS ASSOCIATION IN WHICH I HELD ANY POSITION (WHETHER REMUNERATED OR NOT) AT ANY TIME DURING THE RETURN PERIOD DESCRIPTION OF POSI			CRIPTION OF POSITION	

DISCLOSURE OF INTERESTS

G DEB	rs				
A TIP: society,	You do not need to provide information on (i) credit union or other financial institution such as	the amounts; (ii) debts for le for your home mortgage, cred	ess than \$500 lit card or dep	; (iii) debts to any re artment store	lative, bank, building
If you have N and move to	lothing to Declare, select the word 'Nil' in the Section H	ne adjacent Box	>	N	IL
NAME AND	ADDRESS OF EACH PERSON OR ORGANISA	TION (CREDITOR) TO WHO	M I WAS LIAI	BLE TO PAY ANY DE	EBT AT ANY TIME
	NAME OF CREDITOR		ADDRES	SS OF CREDITOR	
H DISP	OSITIONS OF REAL PROPE	RTY			
of each the right the right the right the right of each dispose of growth grow	You must disclose details: In disposal of real property since your last return to repurchase the property; In disposal of real property by other persons or eal includes — I rant of a lease or licence for all or part of the lan lortgage over your land, I rant of easement over land by which you retain to ale of land (or grant of option by you) with (i) a lasement or covenant over the land in favour of your of an option to purchase land in favour of your on by you of a charge over your land; I ret by you of an interest in your land to a Trustee the of land to your spouse or by your spouse to a far of title of your land subject to you continuing to	ntities whereby you wholly or p d, he ability to use the land, lease or licence granted to y ou of a Trust of which you are a behird party whereby you conting to receive a benefit, e.g. rent from	partly obtained you or a right peneficiary; sue to occupy	d the use of the proper for you to repurchas	erty;
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section I					
Should you require more detailed explanation on the information to be provided in this Section, you should refer to Clauses 188(1) and 188(2) of the Local Government (General) Regulation 2005 or consult your solicitor					
RE	RTICULARS OF EACH DISPOSITIO FURN PERIOD AS A RESULT OF V D BENEFIT OF THE PROPERTY OF TE	VHICH I RETAINED, E	ITHER WH	HOLLY OR IN P	ART, THE USE
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
UNI RET	RTICULARS OF EACH DISPOSITION DER ARRANGEMENTS MADE BY I TURN PERIOD, AS A RESULT OF I D BENEFIT OF THE PROPERTY	ME, BEING DISPOSITION	ONS MAD	E AT ANY TIMI	E DURING THE
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

I DISCRETIONARY DISCLOSURES				
A TIP: To be completed if you wish to make any additional disclosures				
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and go to Sign and Date to complete this Return	NIL			

MY SIGNATURE:			
DATE SIGNED:	09/07/2019		

NEXT STEPS:

- Ensure that wherever you had nothing to declare, that you have selected the word 'NIL' from the dropdrown lists.
- Print the form.
- Sign and date this page.
- Your form should then be forwarded to the Governance Coordinator at 2 Prince Street, Grafton

OPTIONAL STATUTORY DECLARATION:

Did you complete the optional Statutory Declaration on the next page?

If 'YES', make sure that you have listed the reasons for completing the form and then have your signature witnessed by a Justice of the Peace before submitting your Disclosure of Interest Form.





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

COMPLETION OF THE FOLLOWING STATUTORY DECLARATION IS OPTIONAL

The declaration should be completed only if you want to withhold your place of living from the version of your Return which is made available for public inspection. Reasons for withholding your place of living must be detailed in the declaration.

STATUTORY DECLARATION

Request for Protection of Privacy (place of living) Local Government Act 1993, Section 739

I,	
of	
in the State of New South Wales, do solemnly and sincerely dec	lare as follows –
	Other Matters that is available, or is to be made available, for public pared or amended so as to omit or remove any matter that would
I consider that the disclosure of my place of living would place, omy family, at risk for the reason(s) that –	or places, my personal safety, or the personal safety of members of
LIST YOUR REASONS HERE -	
And I make this solemn declaration conscientiously belie the Oaths Act, 1900.	ving the same to be true and by virtue of the provisions of
Subscribed and declared at:	
Thisday of	
·	
20	My Signature
Letonomia	
before me:	
l,(Full name of JP)	_ a JP for NSW certify (JP Registration Number)
(Full name of SP)	(JP Registration Number)
(Tick a box that applies)	
1	
\square I did not see the face of the declarant because h	ne/she was wearing a face covering, but I am satisfied that
he/she had a special justification for not removing	it, and
 (Tick a box that applies) I have known the person for at least 12 months 	
I confirmed the person's identity with	
- 1 committee the person's identity with	(Describe identification document relied on [PTO)
(Oissortune of IC)	
(Signature of JP)	(Date)





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR



∴ NOTES FOR COMPLETING THE OPTIONAL STATUTORY DECLARATION

A person's identity can be confirmed with any one of the following approved identification documents, unless the document has expired or been cancelled. However, an Australian passport is acceptable if it expired no more than 2 years ago -

- a driver's licence or permit with a photograph, whether issued in Australia or another country
- a NSW photo card issued under Photo Card Act 2005
- an Australian proof of age card which contains the person's photograph
- an Australian passport (either current or expired less than 2 years ago)
- a passport or similar document with the person's photograph and signature issued by another country or by the United Nations
- a national identity card with the person's photograph and signature issued by another country or the United Nations (with an English language translation if not in English)
- an Australian citizenship certificate
- a foreign citizenship certificate (with an English language translation if not in English)
- a birth certificate or birth extract, whether issued in Australia, another country or by the United Nations (with an English language translation if not in English)
- a Centrelink pension card
- a credit card or passbook
- an account from a bank, building society or credit union, or statement of account up to one year old
- a Medicare card, pension concession card, Department of Veteran's Affairs entitlement card or other entitlement card issued by the Federal or any State Government
- an electoral enrolment card or other evidence of enrolment as an elector up to 2 years old, or
- a student identity card, or a certificate or statement of enrolment up to 2 years old from an educational institution

A copy of an identification document is acceptable if certified as a true copy by:

- · any justice of the peace,
- · notary public,
- · commissioner of the court for taking affidavits,
- Australian legal practitioner authorised to take and receive any affidavit,
- the NSW Registrar-General,
- a Deputy Registrar-General,
- or other person by law authorised to administer an oath.

The certifier and the witness cannot be the same person.





MY FULL NAME GIVEN NAME: PHELPS

DISCLOSURE OF INTERESTS

SURNAME: PHELPS

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

For further information please read the Office of Local Government's Self help guide for completion of returns

Ensure that wherever you have nothing to declare, that you have selected the word 'NIL' from the drop-drown lists.

RETURN PERIOD: 1 JULY 2018 TO 30 JUNE 2019				
A REAL	PROPERTY			
Australia	You must include: (i) either the postal addres that you had an interest in at any time during the ary, Occupier or Other			
Address of each parcel of real property in which I had an interest at any time during the Return Period Nature of my Interest: Select from the drop-down list				
MY PLACE(S	S) OF RESIDENCE:			
No:	Street:	Lot & DP:	Occupier	
Suburb: Musw	ellbrook	State: NSW	Coospie.	
No:	Street:	Lot & DP:	SELECT FROM LIST BELOW	
Suburb:		State:		
OTHER REA	L PROPERTY POSTAL ADDRESS DE	TAILS:		
No: ■	Street:	Lot & DP:	Part Owner	
Suburb: Musw	ellbrook	State: NSW		
No:	Street:	Lot & DP:	5.10	
Suburb: Musw	ellbrook	State: NSW	Part Owner	
No:	Street:	Lot & DP:		
Suburb:		State:	SELECT FROM LIST BELOW	
No:	Street:	Lot & DP:		
Suburb:		State:	SELECT FROM LIST BELOW	
No:	Street:	Lot & DP:		
Suburb:		State:	SELECT FROM LIST BELOW	
No:	Street:	Lot & DP:	OF LEGT EDOLUTION DELCT	
Suburb:		State:	SELECT FROM LIST BELOW	



Please tick if adding an attachment

DISCLOSURE OF INTERESTS

B SOURCES OF INCOME					
A TIP: Only provide information w	nere the amount of inc	come from an occu	pation, a Trust or othe	r source, exc	eeded \$500.
SOURCES OF MY INCOME (sources, not amounts, of income)				g the Retur	rn Period)
Position Held e.g. Labourer, Cadet, Project Officer, Manager, etc.	Name and Address of Employer or Description of Office held (if applicable) If self employed include business name & business address Name of Partnership (if applicable)			•	
Building Surveyor (Formalisation Officer)	uilding Surveyor (Formalisation CLARENCE VALLEY COUNCIL				
2 SOURCES OF MY INCOM (sources of income, not amou			the Return Period)		
If you have Nothing to Declar e, select	the word 'Nil' in the	e adjacent Box	\Rightarrow		NIL
NAME AND ADDRESS O		st	NAME AND AI	DDRESS O	F TRUSTEE
3 OTHER SOURCES OF Mi (sources of other income, no TIPS: a Other Sources of Income b You must include a deso which, that income was	ot amounts, I receive e may include income cription sufficient to ide	from rental proper	ty, investments, busine	ess activities,	welfare payments; whom, or the circumstances in
If you have Nothing to Declare, select	the word 'Nil' in the	adjacent Box	-		NIL
C GIFTS					
A TIP: Only include description of	a single gift or multiple	e gifts from the sar	ne donor, the total valu	e of which e	xceeded \$500
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section D				NIL	
If you declare a gift U then you MUS on Council's Intranet	T also complete a	Gifts and Benefi	s Declaration Form	in the Coun	cillors Dropbox or located
	DESCRIPTION OF EACH GIFT RECEIVED BY ME AT ANY TIME DURING THE RETURN PERIOD NAME AND ADDRESS OF GIFT DONOR			T DONOR	



D

CONTRIBUTIONS TO TRAVEL

DISCLOSURE OF INTERESTS

A TIP: Do not include payments by Council for yo	ur work-related travel			
If you have Nothing to Declare, select the word 'Nil' and move to Section E	in the adjacent Box	>	NIL	
NAME AND ADDRESS OF EACH PERSON WHO MAE GREATER THAN \$250 FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVEL UNDERTAKEN BY DURING THE RETURN PERIOD	ER THAN \$250 FINANCIAL OR OTHER ON TO ANY TRAVEL UNDERTAKEN BY ME DATES TRAVEL WAS			
E INTERESTS AND POSITIONS	IN CORPORATIO	NS		
TIPS: (i) Declare only if your shareholding was a (not Shareholder) you held in a Corporation (include Corporation or the position was a paid position	greater than 10% of voting r ding not-for-profit corporatio	ights in the corporat n) such as Director,	tion (ii) You must declare any positio, whether or not you held shares in the	
If you have Nothing to Declare, select the word 'Nil' and move to Section F	in the adjacent Box	•	NIL	
If you declare a Position U you held in a Corporation Interests Disclosure Form in the Councillors Dropbo			MUST complete a Conflict of	
NAME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION AT ANY TIME DURING THE RETURN PERIOD	REST OR HELD A POSITION (IF ANY) EG DIRECTOR, COL		NY) PRINCIPAL OBJECTS OF	
F POSITIONS IN TRADE UNIONS	OR PROFESSIO	NAL OR BU	JSINESS ASSOCIATION	
A TIP: Do not include general membership but inc	clude details of any positions	held whether remur	nerated or not	
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section G			NIL	
NAME OF EACH TRADE UNION AND EACH PROFESSIONAL OR BUSINESS ASSOCIATION IN WHICH I HELD ANY POSITION (WHETHER REMUNERATED OR NOT) AT ANY TIME DURING THE RETURN PERIOD DESCRIPTION O			DESCRIPTION OF POSITION	



DISCLOSURE OF INTERESTS

G DEB	тѕ				
A TIP: society,	You do not need to provide information on (i) credit union or other financial institution such as	the amounts; (ii) debts for le	ess than \$500 lit card or dep	; (iii) debts to any re artment store	lative, bank, building
If you have N	lothing to Declare, select the word 'Nil' in the Section H	ne adjacent Box	-	N	IL
NAME AND	ADDRESS OF EACH PERSON OR ORGANISA DURI	TION (CREDITOR) TO WHO	M I WAS LIA	BLE TO PAY ANY DE	EBT AT ANY TIME
	NAME OF CREDITOR		ADDRES	SS OF CREDITOR	
H DISP	OSITIONS OF REAL PROPE	RTY			
of each the right the rig	You must disclose details: In disposal of real property since your last return that to repurchase the property; In disposal of real property by other persons or end includes — I rant of a lease or licence for all or part of the landortgage over your land, I rant of easement over land by which you retain the ale of land (or grant of option by you) with (i) a leasement or covenant over the land in favour of your of an option to purchase land in favour of your by you of a charge over your land; I re by you of an interest in your land to a Trustee per of land to your spouse or by your spouse to a ser of title of your land subject to you continuing to lothing to Declare, select the word 'Nii' in the	ntities whereby you wholly or partities whereby you wholly or partition, he ability to use the land, lease or licence granted to you of a Trust of which you are a bathird party whereby you continuous receive a benefit, e.g. rent from	oartly obtained vou or a right peneficiary; the to occupy	d the use of the proper for you to repurchas the land;	erty;
and move to		io adjacom Box		N	IL
Should you require more detailed explanation on the information to be provided in this Section, you should refer to Clauses 188(1) and 188(2) of the Local Government (General) Regulation 2005 or consult your solicitor					
RE'	RTICULARS OF EACH DISPOSITIO TURN PERIOD AS A RESULT OF V D BENEFIT OF THE PROPERTY OF TE	VHICH I RETAINED, E	ITHER WH	HOLLY OR IN P	ART, THE USE
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
UN RE	RTICULARS OF EACH DISPOSITION DER ARRANGEMENTS MADE BY I TURN PERIOD, AS A RESULT OF I D BENEFIT OF THE PROPERTY	ME, BEING DISPOSITION	ONS MAD	E AT ANY TIM	E DURING THE
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

I DISCRETIONARY DISCLOSURES				
A TIP: To be completed if you wish to make any additional disclosures				
If you have Nothing to Declare, select the word 'Nil' in the adjace and go to Sign and Date to complete this Return	ent Box	NIL		

MY SIGNATURE:	
DATE SIGNED:	5/08/2019

NEXT STEPS:

- Ensure that wherever you had nothing to declare, that you have selected the word 'NIL' from the dropdrown lists.
- Print the form.
- Sign and date this page.
- Your form should then be forwarded to the Governance Coordinator at 2 Prince Street, Grafton

OPTIONAL STATUTORY DECLARATION:

Did you complete the optional Statutory Declaration on the next page?

If 'YES', make sure that you have listed the reasons for completing the form and then have your signature witnessed by a Justice of the Peace before submitting your Disclosure of Interest Form.





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

COMPLETION OF THE FOLLOWING STATUTORY DECLARATION IS OPTIONAL

The declaration should be completed only if you want to withhold your place of living from the version of your Return which is made available for public inspection. Reasons for withholding your place of living must be detailed in the declaration.

STATUTORY DECLARATION

Request for Protection of Privacy (place of living) Local Government Act 1993, Section 739

I,	
of	
in the State of New South Wales, do solemnly and sincerely dec	lare as follows –
	other Matters that is available, or is to be made available, for public pared or amended so as to omit or remove any matter that would
I consider that the disclosure of my place of living would place, of my family, at risk for the reason(s) that	or places, my personal safety, or the personal safety of members of
LIST YOUR REASONS HERE -	
And I make this solemn declaration conscientiously belie the Oaths Act, 1900.	ving the same to be true and by virtue of the provisions of
Subscribed and declared at:	
Thisday of	
20	
	My Signature
before me:	
	a ID for NCW
(Full name of JP)	_ a JP for NSW certify (JP Registration Number)
(Tick a box that applies)	
1 I saw the face of the declarant	
☐ I did not see the face of the declarant because he/she had a special justification for not removing	ne/she was wearing a face covering, but I am satisfied that
(Tick a box that applies)	ii, and
2	
☐ I confirmed the person's identity with	
	(Describe identification document relied on [PTO)
(Signature of ID)	(0-4-)
(Signature of JP)	(Date)





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR



★ NOTES FOR COMPLETING THE OPTIONAL STATUTORY DECLARATION

A person's identify can be confirmed with any one of the following approved identification documents, unless the document has expired or been cancelled. However, an Australian passport is acceptable if it expired no more than 2 years ago -

- a driver's licence or permit with a photograph, whether issued in Australia or another country
- a NSW photo card issued under Photo Card Act 2005
- an Australian proof of age card which contains the person's photograph
- an Australian passport (either current or expired less than 2 years ago)
- a passport or similar document with the person's photograph and signature issued by another country or by the United Nations
- a national identity card with the person's photograph and signature issued by another country or the United Nations (with an English language translation if not in English)
- an Australian citizenship certificate
- a foreign citizenship certificate (with an English language translation if not in English)
- a birth certificate or birth extract, whether issued in Australia, another country or by the United Nations (with an English language translation if not in English)
- a Centrelink pension card
- a credit card or passbook
- an account from a bank, building society or credit union, or statement of account up to one year old
- a Medicare card, pension concession card, Department of Veteran's Affairs entitlement card or other entitlement card issued by the Federal or any State Government
- an electoral enrolment card or other evidence of enrolment as an elector up to 2 years old, or
- a student identity card, or a certificate or statement of enrolment up to 2 years old from an educational institution

A copy of an identification document is acceptable if certified as a true copy by:

- any justice of the peace,
- notary public,
- commissioner of the court for taking affidavits,
- Australian legal practitioner authorised to take and receive any affidavit,
- the NSW Registrar-General,
- a Deputy Registrar-General,
- or other person by law authorised to administer an oath.

The certifier and the witness cannot be the same person.





MY FULL NAME

DISCLOSURE OF INTERESTS

SURNAME: WISELY

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

For further information please read the Office of Local Government's Self help guide for completion of returns

GIVEN NAME: RYAN

Ensure that wherever you have nothing to declare, that you have selected the word 'NIL' from the drop-drown lists.

	KETUKN PEKIUD. 1	JULT 2010 10 30 JUNE	2019
A REAL	PROPERTY		
Australia	You must include: (i) either the postal addres that you had an interest in at any time during the ary, Occupier or Other		
Address of eac Return Period	ch parcel of real property in which I had ar	n interest at any time during the	Nature of my Interest: Select from the drop-down list
MY PLACE(S	S) OF RESIDENCE:		
No:	Street:	Lot & DP: Lot	er
Suburb: Lawre	nce	State: NSW	
No:	Street:	Lot & DP:	SELECT FROM LIST BELOW
Suburb:		State:	
OTHER REA	L PROPERTY POSTAL ADDRESS DE	TAILS:	
No:	Street:	Lot & DP:	
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	
Suburb:		State:	SELECT FROM LIST BELOW

clarence

Please tick if adding an attachment

DISCLOSURE OF INTERESTS

В	SOURCES OF INCOM	IE				
淡	A TIP: Only provide information when	nere the amount of inc	come from an oc	cupation, a Trust or othe	er source, exce	eded \$500.
-	1 SOURCES OF MY INCOM (sources, not amounts, of inc				ng the Return	Period)
e.g. L	Position Held Labourer, Cadet, Project Officer, Manager, etc.	Descrip	otion of Office	s of Employer or neld (if applicable) ss name & business a	ddress	Name of Partnership (if applicable)
Build	ding Surveyor	CLARENCE VALL 2 Prince Street GRAFTON NSW				
•	2 SOURCES OF MY INCOM (sources of income, not amou	unts, I received from	n a Trust durin			NIII.
If you	u have Nothing to Declar e, select		e adjacent Box	→		NIL
	NAME AND ADDRESS O		st	NAME AND A	DDRESS OF	TRUSTEE
>	3 OTHER SOURCES OF Mi (sources of other income, no		ed at any time	during the Return Pe	riod)	
沃	TIPS: a Other Sources of Income b You must include a desc which, that income was	cription sufficient to ide		-		velfare payments; om, or the circumstances in
If you	u have Nothing to Declare, select	the word 'Nil' in the	adjacent Box	•		NIL
С	GIFTS					
汉	A TIP: Only include description of	a single gift or multiple	e gifts from the s	ame donor, the total val	ue of which exc	ceeded \$500
	u have Nothing to Declare, select move to Section D	the word 'Nil' in the	adjacent Box	•		NIL
-	u declare a gift	ST also complete a	Gifts and Bene	fits Declaration Form	in the Counc	illors Dropbox or located
DES	SCRIPTION OF EACH GIFT RECEIVE TIME DURING THE RETURN			NAME AND ADDR	ESS OF GIFT	DONOR

CONTRIBUTIONS TO TRAVEL

DISCLOSURE OF INTERESTS

A TIP: Do not include payments by Council for yo	ur work-related travel		
If you have Nothing to Declare, select the word 'Nil' and move to Section E	in the adjacent Box	>	NIL
NAME AND ADDRESS OF EACH PERSON WHO MAI GREATER THAN \$250 FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVEL UNDERTAKEN BY DURING THE RETURN PERIOD			NAME OF STATES, TERRITORIES OF THE COMMONWEALTH AND OTHER COUNTRIES IN WHICH TRAVEL WAS UNDERTAKEN
E INTERESTS AND POSITIONS	IN CORPORATIO	NS	
TIPS: (i) Declare only if your shareholding was (not Shareholder) you held in a Corporation (inclu Corporation or the position was a paid position	greater than 10% of voting r ding not-for-profit corporatio	ights in the corporatin) such as Director,	on (ii) You must declare any position whether or not you held shares in the
If you have Nothing to Declare, select the word 'Nil' and move to Section F	in the adjacent Box	>	NIL
If you declare a Position U you held in a Corporati Interests Disclosure Form in the Councillors Dropbo	on that had a relationship x or located on Council's	with Council, you I	MUST complete a Conflict of
NAME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION AT ANY TIME DURING THE RETURN PERIOD	NATURE OF INTEREST (IF ANY) EG SHAREHOLDER	DESCRIPTION C POSITION (IF AN EG DIRECTOR, COMPA SECRETARY	Y) PRINCIPAL OBJECTS OF
F POSITIONS IN TRADE UNIONS	OR PROFESSIO	NAL OR BU	SINESS ASSOCIATIONS
A TIP: Do not include general membership but in	clude details of any positions	held whether remun	erated or not
If you have Nothing to Declare, select the word 'Nil' and move to Section G	in the adjacent Box	•	NIL
NAME OF EACH TRADE UNION AND EACH PROFE IN WHICH I HELD ANY POSITION (WHETI AT ANY TIME DURING THE	HER REMUNERATED OR N		DESCRIPTION OF POSITION

DISCLOSURE OF INTERESTS

G DEB	тѕ				
A TIP: society,	You do not need to provide information on (i) credit union or other financial institution such as	the amounts; (ii) debts for le	ess than \$500 lit card or dep	; (iii) debts to any re artment store	lative, bank, building
If you have N	lothing to Declare, select the word 'Nil' in the Section H	ne adjacent Box	-	N	IL
NAME AND	ADDRESS OF EACH PERSON OR ORGANISA DURI	TION (CREDITOR) TO WHO	M I WAS LIA	BLE TO PAY ANY DE	EBT AT ANY TIME
	NAME OF CREDITOR		ADDRES	SS OF CREDITOR	
H DISP	OSITIONS OF REAL PROPE	RTY			
of each the right the rig	You must disclose details: In disposal of real property since your last return that to repurchase the property; In disposal of real property by other persons or end includes — I rant of a lease or licence for all or part of the landortgage over your land, I rant of easement over land by which you retain the ale of land (or grant of option by you) with (i) a leasement or covenant over the land in favour of your of an option to purchase land in favour of your by you of a charge over your land; I re by you of an interest in your land to a Trustee per of land to your spouse or by your spouse to a ser of title of your land subject to you continuing to lothing to Declare, select the word 'Nii' in the	ntities whereby you wholly or partities whereby you wholly or partition, he ability to use the land, lease or licence granted to you of a Trust of which you are a bathird party whereby you continuous receive a benefit, e.g. rent from	oartly obtained vou or a right peneficiary; the to occupy	d the use of the proper for you to repurchas the land;	erty;
and move to		io adjacom Box		N	IL
Should you	require more detailed explanation on the int and 188(2) of the Local Governme				to Clauses 188(1)
RE'	RTICULARS OF EACH DISPOSITIO TURN PERIOD AS A RESULT OF V D BENEFIT OF THE PROPERTY OF TE	VHICH I RETAINED, E	ITHER WH	HOLLY OR IN P	ART, THE USE
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
UN RE	RTICULARS OF EACH DISPOSITION DER ARRANGEMENTS MADE BY I TURN PERIOD, AS A RESULT OF I D BENEFIT OF THE PROPERTY	ME, BEING DISPOSITION	ONS MAD	E AT ANY TIM	E DURING THE
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

I DISCRETIONARY DISCLOSURES	
A TIP: To be completed if you wish to make any add	itional disclosures
If you have Nothing to Declare, select the word 'Nil' in the adjace and go to Sign and Date to complete this Return	nt Box NIL

MY SIGNATURE:	
DATE SIGNED:	31/07/2019

NEXT STEPS:

- Ensure that wherever you had nothing to declare, that you have selected the word 'NIL' from the dropdrown lists.
- Print the form.
- Sign and date this page.
- Your form should then be forwarded to the Governance Coordinator at 2 Prince Street, Grafton

OPTIONAL STATUTORY DECLARATION:

Did you complete the optional Statutory Declaration on the next page?

If 'YES', make sure that you have listed the reasons for completing the form and then have your signature witnessed by a Justice of the Peace before submitting your Disclosure of Interest Form.





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STATUTORY DECLARATION

Request for Protection of Privacy (place of living) Local Government Act 1993, Section 739

l,	
of	
in the State of New South Wales, do solemnly and sincerely dec	lare as follows –
	other Matters that is available, or is to be made available, for public pared or amended so as to omit or remove any matter that would
I consider that the disclosure of my place of living would place, o my family, at risk for the reason(s) that –	r places, my personal safety, or the personal safety of members of
LIST YOUR REASONS HERE -	
And I make this solemn declaration conscientiously belie the Oaths Act, 1900.	ving the same to be true and by virtue of the provisions of
Subscribed and declared at:	
This day of	
20	May O'rear advers
	My Signature
before me:	
1	a ID for NCW
(Full name of JP)	_ a JP for NSW certify (JP Registration Number)
,	,
(Tick a box that applies)	
1	
_	ne/she was wearing a face covering, but I am satisfied that
he/she had a special justification for not removing	
(Tick a box that applies)	
2 I have known the person for at least 12 months	
☐ I confirmed the person's identity with	
	(Describe identification document relied on [PTO)
(Signature of ID)	(Data)
(Signature of JP)	(Date)





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- a national identity card with the person's photograph and signature issued by another country or the United Nations (with an English language translation if not in English)
- an Australian citizenship certificate
- a foreign citizenship certificate (with an English language translation if not in English)
- a birth certificate or birth extract, whether issued in Australia, another country or by the United Nations (with an English language translation if not in English)
- a Centrelink pension card
- a credit card or passbook
- an account from a bank, building society or credit union, or statement of account up to one year old
- a Medicare card, pension concession card, Department of Veteran's Affairs entitlement card or other entitlement card issued by the Federal or any State Government
- an electoral enrolment card or other evidence of enrolment as an elector up to 2 years old, or
- a student identity card, or a certificate or statement of enrolment up to 2 years old from an educational institution

A copy of an identification document is acceptable if certified as a true copy by:

- any justice of the peace,
- notary public,
- commissioner of the court for taking affidavits,
- Australian legal practitioner authorised to take and receive any affidavit,
- the NSW Registrar-General,
- a Deputy Registrar-General,
- or other person by law authorised to administer an oath.

The certifier and the witness cannot be the same person.



MY FULL NAME

DISCLOSURE OF INTERESTS

SURNAME: LENTON

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

For further information please read the Office of Local Government's Self help guide for completion of returns

GIVEN NAME: SCOTT

Ensure that wherever you have nothing to declare, that you have selected the word 'NIL' from the drop-drown lists.

	RETURN PER	RIOD: 1 JULY 2018 TO 30 JUNE	2019
A REAL	. PROPERTY	Sons eganya Tang Wan BOT Satto	
Austral	You must include: (i) either the point that you had an interest in at any time stary, Occupier or Other	ostal addresses OR particulars of title, i.e. Lot a e during the Return Period; (ii) the Nature of your	nd DP (or SP) of properties anywhere in Interest, i.e. Owner, Part Owner, Lessee,
Address of e Return Period		h I had an interest at any time during the	Nature of my Interest: Select from the drop-down list
MY PLACE	S) OF RESIDENCE:	toothere were die Nederland on Western ender voorden en sterr	
No:	Street:	Lot & DP:	Part Owner
Suburb: YAM	BA	State: NSW	
No:	Street:	Lot & DP:	SELECT FROM LIST BELOW
Suburb:		State:	
OTHER REA	AL PROPERTY POSTAL ADDR	RESS DETAILS:	
No:	Street:	Lot & DP:	
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	
Suburb:		State:	SELECT FROM LIST BELOW

If insufficient space, please attach a schedule to this form.

clarence

Please tick if adding an attachment

DISCLOSURE OF INTERESTS

A TIP: Only provide information w	here the amount of income fro	om an occupation, a Trust or other source,	exceeded \$500.
SOURCES OF MY INCO (sources, not amounts, of inc		ATION(S) ccupation(s) at any time during the Re	etum Period)
Position Held e.g. Labourer, Cadet, Project Officer, Manager, etc.	Description of	Address of Employer or Office held (if applicable) business name & business address	Name of Partnership (if applicable)
Fown Planner	CLARENCE VALLEY CC 2 Prince Street GRAFTON NSW 2460		N/A
Field Officer	Clarence Landcaare Inc 1/48 Prince Street GRAFTON NSW 2460		N/A
2 SOURCES OF MY INCO		st during the Return Period)	
f you have Nothing to Declar e, selec			NIL
NAME AND ADDRESS OF A TIP: The 'Settlor' is the name of		NAME AND ADDRES	S OF TRUSTEE
(sources of other income, n	ot amounts, I received at a e may include income from re cription sufficient to identify th	ny time during the Return Period) Intal property, investments, business activite person, property or business activity fro	
(sources of other income, nother Sources of Income by You must include a des	ot amounts, I received at a e may include income from re cription sufficient to identify the received.	ntal property, investments, business activite person, property or business activity fro	
(sources of other income, notice that it is not to be a compared to the following that income was to the following that income are the following that income was to the following that income with the following that income was to the following that income with the following that income was to the following that income was to the following that income was the following the	ot amounts, I received at a e may include income from re cription sufficient to identify the received.	ntal property, investments, business activite person, property or business activity fro	m whom, or the circumstance
(sources of other income, notice that it is not to be a considered to	ot amounts, I received at a e may include income from re cription sufficient to identify the received.	ntal property, investments, business activite person, property or business activity fro	m whom, or the circumstance
(sources of other income, notice of other sources of Income by You must include a deswhich, that income was f you have Nothing to Declare, selections of the company of the	ot amounts, I received at a e may include income from re cription sufficient to identify the received. the word 'Nil' in the adjace	ntal property, investments, business activite person, property or business activity fro	m whom, or the circumstance:
(sources of other income, notice that income, notice that income is a content of the sources of Income in the Income	ot amounts, I received at a see may include income from recription sufficient to identify the received. The word 'Nil' in the adjace a single gift or multiple gifts for the second sec	ent Box Tom the same donor, the total value of which	m whom, or the circumstance:
(sources of other income, notice to the sources of Income by You must include a deswhich, that income was five you have Nothing to Declare, selected A TIP: Only include description of five you have Nothing to Declare, selected and move to Section D	the word 'Nil' in the adjace the word 'Nil' in the adjace the word 'Nil' in the adjace to the word 'Nil' in the adjace the word 'Nil' in the word 'Nil'	ent Box Tom the same donor, the total value of which	m whom, or the circumstance: NIL ch exceeded \$500 NIL

DISCLOSURE OF INTERESTS

)	
If you have Nothing to Declare, select the word 'Nil' and move to Section E	in the adjacent Box		NIL
NAME AND ADDRESS OF EACH PERSON WHO MAE GREATER THAN \$250 FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVEL UNDERTAKEN BY DURING THE RETURN PERIOD	mot homoarousiasaa	VEL WAS	NAME OF STATES, TERRITORIES OF THE COMMONWEALTH AND OTHER COUNTRIES IN WHICH TRAVEL WAS UNDERTAKEN
E INTERESTS AND POSITIONS			
TIPS: (i) Declare only if your shareholding was generated (not Shareholder) you held in a Corporation (included Corporation or the position was a paid position	greater than 10% of voting ri ding not-for-profit corporation	ghts in the corporation n) such as Director, w	(ii) You must declare any position the control of t
If you have Nothing to Declare, select the word 'Nil' and move to Section F	in the adjacent Box		NIL
If you declare a Position U you held in a Corporation Interests Disclosure Form in the Councillors Dropbo			JST complete a Conflict of
NAME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION AT ANY TIME DURING THE RETURN PERIOD	NATURE OF INTEREST (IF ANY) EG SHAREHOLDER	DESCRIPTION OF POSITION (IF ANY) EG DIRECTOR, COMPAN' SECRETARY	
		MAL OR BUG	INFEC ACCOLATIO
F POSITIONS IN TRADE UNIONS			
A TIP: Do not include general membership but in	clude details of any positions		ated or not
	clude details of any positions		

DISCLOSURE OF INTERESTS

G DEB	TS	4.22 		
A TIP society,	You do not need to provide information on (i) credit union or other financial institution such as	the amounts; (ii) debts for le	ess than \$500; (iii) debts to any r dit card or department store	elative, bank, building
If you have I	Nothing to Declare, select the word 'Nil' in the Section H	he adjacent Box) (NIL
NAME AND	ADDRESS OF EACH PERSON OR ORGANISADUR	ATION (CREDITOR) TO WHO	OM I WAS LIABLE TO PAY ANY D	DEBT AT ANY TIME
	NAME OF CREDITOR		ADDRESS OF CREDITOR	
- 4				*
-35				
H DISP	OSITIONS OF REAL PROPE	RTY		
of each the right the rig	You must disclose details: h disposal of real property since your last return ht to repurchase the property; h disposal of real property by other persons or e hal includes — rant of a lease or licence for all or part of the lan hortgage over your land, rant of easement over land by which you retain the hale of land (or grant of option by you) with (i) a hasement or covenant over the land in favour of your hor of an option to purchase land in favour of your hor by you of a charge over your land; her by you of an interest in your land to a Trustee her of land to your spouse or by your spouse to a her of title of your land subject to you continuing to lothing to Declare, select the word 'Nil' in the	ntities whereby you wholly or p d, the ability to use the land, lease or licence granted to y ou of a Trust of which you are a b third party whereby you conting o receive a benefit, e.g. rent fro	partly obtained the use of the proposition of a right for you to repurch a peneficiary; the to occupy the land; om the land.	perty;
Should you i	equire more detailed explanation on the in and 188(2) of the Local Governme	formation to be provided in ent (General) Regulation 20	this Section, you should refer 205 or consult your solicitor	to Clauses 188(1)
RE'	RTICULARS OF EACH DISPOSITIO FURN PERIOD AS A RESULT OF V D BENEFIT OF THE PROPERTY OI FE	VHICH I RETAINED, E	ITHER WHOLLY OR IN F	PART, THE USE
No:	Street:	Lot & DP:	Suburb:	State:
No:	Street:	Lot & DP:	Suburb:	State:
No:	Street:	Lot & DP:	Suburb:	State:
UNI RE	RTICULARS OF EACH DISPOSITION DER ARRANGEMENTS MADE BY M FURN PERIOD, AS A RESULT OF N D BENEFIT OF THE PROPERTY	IE, BEING DISPOSITION	ONS MADE AT ANY TIM	E DURING THE
No:	Street:	Lot & DP:	Suburb:	State:
No:	Street:	Lot & DP:	Suburb:	State:
No:	Street:	Lot & DP:	Suburb:	State:

DISCLOSURE OF INTERESTS

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

A TIP: To be co	ompleted in	u wish to make any additional disclosures	
If you have Nothing to I and go to Sign and Dat		he word 'Nil' in the adjacent Box	NIL
	<u> </u>		
			syntal and the property Who are to a strong to
MY SIGNATURE:	25		y fish as mit flystern file Dit detect in yelling ye
DATE SIGNED:	5/7/19		

NEXT STEPS:

- Ensure that wherever you had nothing to declare, that you have selected the word 'NIL' from the dropdrown lists.
- Print the form.
- Sign and date this page.
- Your form should then be forwarded to the Governance Coordinator at 2 Prince Street, Grafton

OPTIONAL STATUTORY DECLARATION:

Did you complete the optional Statutory Declaration on the next page?

If 'YES', make sure that you have listed the reasons for completing the form and then have your signature witnessed by a Justice of the Peace before submitting your Disclosure of Interest Form.





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

COMPLETION OF THE FOLLOWING STATUTORY DECLARATION IS OPTIONAL

The declaration should be completed only if you want to withhold your place of living from the version of your Return which is made available for public inspection. Reasons for withholding your place of living must be detailed in the declaration.

STATUTORY DECLARATION

Request for Protection of Privacy (place of living) Local Government Act 1993, Section 739

.l,	
of	
in the State of New South Wales, do solemnly and sincerely declare as follows –	
I request that my Annual Return of Disclosure of Interests and Other Matters that is available, or is to be mad inspection by or under the Local Government Act 1993 be prepared or amended so as to omit or remove a disclose, or discloses, my place of living.	
I consider that the disclosure of my place of living would place, or places, my personal safety, or the personal my family, at risk <u>for the reason(s) that</u> –	safety of members of
LIST YOUR REASONS HERE -	
And I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths Act, 1900.	of the provisions of
Subscribed and declared at:	
Thisday of	
20	
My Signature	Э
before me:	
I,a JP for NSW	certify
(Full name of JP) (JP Registration Number)	
(Tick a box that applies)	
1	
I did not see the face of the declarant because he/she was wearing a face covering, but he/she had a special justification for not removing it, and	I am satisfied that
(Tick a box that applies)	
2 I have known the person for at least 12 months	
☐ I confirmed the person's identity with	
(Describe identification document relied on	[PTO)
(Signature of JP)	Date)

DISCLOSURE OF INTERESTS

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

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NOTES FOR COMPLETING THE OPTIONAL STATUTORY DECLARATION

A person's identity can be confirmed with any one of the following approved identification documents, unless the document has expired or been cancelled. However, an Australian passport is acceptable if it expired no more than 2 years ago –

- a driver's licence or permit with a photograph, whether issued in Australia or another country
- a NSW photo card issued under Photo Card Act 2005
- · an Australian proof of age card which contains the person's photograph
- an Australian passport (either current or expired less than 2 years ago)
- a passport or similar document with the person's photograph and signature issued by another country or by the United Nations
- a national identity card with the person's photograph and signature issued by another country or the United Nations (with an English language translation if not in English)
- an Australian citizenship certificate
- a foreign citizenship certificate (with an English language translation if not in English)
- a birth certificate or birth extract, whether issued in Australia, another country or by the United Nations (with an English language translation if not in English)
- · a Centrelink pension card
- · a credit card or passbook
- an account from a bank, building society or credit union, or statement of account up to one year old
- a Medicare card, pension concession card, Department of Veteran's Affairs entitlement card or other entitlement card issued by the Federal or any State Government
- an electoral enrolment card or other evidence of enrolment as an elector up to 2 years old, or
- a student identity card, or a certificate or statement of enrolment up to 2 years old from an educational institution

A copy of an identification document is acceptable if certified as a true copy by:

- any justice of the peace,
- · notary public,
- commissioner of the court for taking affidavits,
- Australian legal practitioner authorised to take and receive any affidavit,
- the NSW Registrar-General,
- a Deputy Registrar-General,
- or other person by law authorised to administer an oath.

The certifier and the witness cannot be the same person.





MY FULL NAME

DISCLOSURE OF INTERESTS

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

MOORE

For further information please read the Office of Local Government's Self help guide for completion of returns

GIVEN NAME: SCOTT

Ensure that wherever you have nothing to declare, that you have selected the word 'NIL' from the drop-drown lists.

RETURN PERIOD: 1 JULY 2018 TO 30 JUNE 2019				
A REAL	PROPERTY			
Australia	You must include: (i) either the postal addres that you had an interest in at any time during the ary, Occupier or Other			
Address of eac Return Period	ch parcel of real property in which I had an	interest at any time during the	Nature of my Interest: Select from the drop-down list	
MY PLACE(S	S) OF RESIDENCE:			
No:	Street:	Lot & DP:	Owner	
Suburb: YAMB	A	State:		
No:	Street:	Lot & DP:	SELECT FROM LIST BELOW	
Suburb:		State:		
OTHER REA	L PROPERTY POSTAL ADDRESS DE	TAILS:		
No:	Street:	Lot & DP:	051 507 5000 107 051 011	
Suburb:		State:	SELECT FROM LIST BELOW	
No:	Street:	Lot & DP:	OF LEGT EDOM LIGT DELOW	
Suburb:		State:	SELECT FROM LIST BELOW	
No:	Street:	Lot & DP:	OF LEGT EDOM LIGT DELOW	
Suburb:		State:	SELECT FROM LIST BELOW	
No:	Street:	Lot & DP:	051 507 5000 107 051 011	
Suburb:		State:	SELECT FROM LIST BELOW	
No:	Street:	Lot & DP:	OF LEGT EDOM LIGT DELOW	
Suburb:		State:	SELECT FROM LIST BELOW	
No:	Street:	Lot & DP:	05150750011107551011	
Suburb:		State:	SELECT FROM LIST BELOW	

If insufficient space, please attach a schedule to this form.



Please tick if adding an attachment

DISCLOSURE OF INTERESTS

B SOURCES OF INCOME				
A TIP: Only provide information whe	ere the amount of inc	come from an occupation, a Trust or other	er source, exceeded \$500.	
SOURCES OF MY INCOMI (sources, not amounts, of incoming)		CUPATION(S) on my Occupation(s) at any time durin	ng the Return Period)	
ENVIRONMENTAL OFFICER (Descrip	e and Address of Employer or otion of Office held (if applicable) nclude business name & business a EY COUNCIL	Name of Partnership (if applicable) ddress	
	GRAFTON NSW	2460		
2 SOURCES OF MY INCOMI (sources of income, not amour		ST n a Trust during the Return Period)		
If you have Nothing to Declar e, select t	he word 'Nil' in the	e adjacent Box	NIL	
NAME AND ADDRESS OF SETTLOR A TIP: The 'Settlor' is the name of a person who created the Trust NAME AND ADDRESS OF TRUSTEE				
TIPS: a Other Sources of Income	amounts, I receive may include income ption sufficient to ide	ed at any time during the Return Perform rental property, investments, businentify the person, property or business a	,	
If you have Nothing to Declare, select the		adjacent Box	NIL	
C GIFTS				
A TIP: Only include description of a	single gift or multiple	e gifts from the same donor, the total val	ue of which exceeded \$500	
If you have Nothing to Declare, select the and move to Section D	ne word 'Nil' in the	adjacent Box	NIL	
If you declare a gift then you MUST on Council's Intranet	also complete a	Gifts and Benefits Declaration Form	in the Councillors Dropbox or located	
DESCRIPTION OF EACH GIFT RECEIVED TIME DURING THE RETURN PI		NAME AND ADDR	ESS OF GIFT DONOR	

D

CONTRIBUTIONS TO TRAVEL

DISCLOSURE OF INTERESTS

A TIP: Do not include payments by Council for yo	ur work-related travel																																								
If you have Nothing to Declare, select the word 'Nil' and move to Section E	in the adjacent Box	>	NIL																																						
GREATER THAN \$250 FINANCIAL OR OTHER	ONTRIBUTION TO ANY TRAVEL UNDERTAKEN BY ME DATES TRAVEL WAS					R THAN \$250 FINANCIAL OR OTHER DN TO ANY TRAVEL UNDERTAKEN BY ME DATES TRAVEL WAS		\$250 FINANCIAL OR OTHER NY TRAVEL UNDERTAKEN BY ME DATES TRAVEL WAS		ATER THAN \$250 FINANCIAL OR OTHER JTION TO ANY TRAVEL UNDERTAKEN BY ME DATES TRAVEL WAS		EATER THAN \$250 FINANCIAL OR OTHER BUTION TO ANY TRAVEL UNDERTAKEN BY ME DATES TRAVEL WAS		EATER THAN \$250 FINANCIAL OR OTHER BUTION TO ANY TRAVEL UNDERTAKEN BY ME DATES TRAVEL WAS		EATER THAN \$250 FINANCIAL OR OTHER BUTION TO ANY TRAVEL UNDERTAKEN BY ME DATES TRAVEL WAS		EATER THAN \$250 FINANCIAL OR OTHER BUTION TO ANY TRAVEL UNDERTAKEN BY ME DATES TRAVEL WAS		EATER THAN \$250 FINANCIAL OR OTHER BUTION TO ANY TRAVEL UNDERTAKEN BY ME DATES TRAVEL WAS		EATER THAN \$250 FINANCIAL OR OTHER BUTION TO ANY TRAVEL UNDERTAKEN BY ME DATES TRAVEL WAS		GREATER THAN \$250 FINANCIAL OR OTHER RIBUTION TO ANY TRAVEL UNDERTAKEN BY ME DATES TRAVEL WAS		\$250 FINANCIAL OR OTHER IY TRAVEL UNDERTAKEN BY ME DATES TRAVEL WAS		THAN \$250 FINANCIAL OR OTHER N TO ANY TRAVEL UNDERTAKEN BY ME DATES TRAVEL WAS		TER THAN \$250 FINANCIAL OR OTHER ITION TO ANY TRAVEL UNDERTAKEN BY ME DATES TRAVEL WAS		REATER THAN \$250 FINANCIAL OR OTHER RIBUTION TO ANY TRAVEL UNDERTAKEN BY ME DATES TRAVEL WAS		GREATER THAN \$250 FINANCIAL OR OTHER FRIBUTION TO ANY TRAVEL UNDERTAKEN BY ME DATES TRAVEL WAS		GREATER THAN \$250 FINANCIAL OR OTHER INTRIBUTION TO ANY TRAVEL UNDERTAKEN BY ME DATES TRAVEL WAS		GREATER THAN \$250 FINANCIAL OR OTHER ITRIBUTION TO ANY TRAVEL UNDERTAKEN BY ME DATES TRAVEL WAS		NAME OF STATES, TERRITORII OF THE COMMONWEALTH AN OTHER COUNTRIES IN WHICH TRAVEL WAS UNDERTAKEN	ID H
E INTERESTS AND POSITIONS	IN CORPORATIO	NS																																							
TIPS: (i) Declare only if your shareholding was a (not Shareholder) you held in a Corporation (include Corporation or the position was a paid position	greater than 10% of voting r ding not-for-profit corporatio	ights in the corporat n) such as Director	tion (ii) You must declare any pos , whether or not you held shares in	ition the																																					
If you have Nothing to Declare, select the word 'Nil' and move to Section F	in the adjacent Box	•	NIL																																						
If you declare a Position U you held in a Corporation Interests Disclosure Form in the Councillors Dropbo			MUST complete a Conflict of																																						
NAME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION AT ANY TIME DURING THE RETURN PERIOD	NATURE OF INTEREST (IF ANY) EG SHAREHOLDER	DESCRIPTION (POSITION (IF AI EG DIRECTOR, COMP SECRETARY	CORPORATION (EXCEPT IN																																						
F POSITIONS IN TRADE UNIONS	OR PROFESSIO	NAL OR BU	JSINESS ASSOCIATION	NC																																					
A TIP: Do not include general membership but in	clude details of any positions	held whether remu	nerated or not																																						
If you have Nothing to Declare, select the word 'Nil' and move to Section G	in the adjacent Box	•	NIL																																						
NAME OF EACH TRADE UNION AND EACH PROFE IN WHICH I HELD ANY POSITION (WHETH AT ANY TIME DURING THE	HER REMUNERATED OR N		DESCRIPTION OF POSITION																																						



DISCLOSURE OF INTERESTS

G DEB	TS				
A TIP: society,	You do not need to provide information on (i) credit union or other financial institution such as	the amounts; (ii) debts for le	ess than \$500 lit card or dep	; (iii) debts to any rel artment store	lative, bank, building
If you have N	Nothing to Declare, select the word 'Nil' in the Section H	ne adjacent Box	•	N	IIL
NAME AND	ADDRESS OF EACH PERSON OR ORGANISA DURI	ATION (CREDITOR) TO WHO	M I WAS LIA	BLE TO PAY ANY DE	EBT AT ANY TIME
	NAME OF CREDITOR		ADDRES	SS OF CREDITOR	
H DISP	OSITIONS OF REAL PROPE	RTY			
of each the right the	You must disclose details: h disposal of real property since your last return ht to repurchase the property; h disposal of real property by other persons or end al includes — rant of a lease or licence for all or part of the lan- nortgage over your land, rant of easement over land by which you retain to ale of land (or grant of option by you) with (i) a asement or covenant over the land in favour of your on of an option to purchase land in favour of your on by you of a charge over your land; er by you of an interest in your land to a Trustee er of land to your spouse or by your spouse to a serior of title of your land subject to you continuing to	ntities whereby you wholly or partities whereby you wholly or partition, he ability to use the land, lease or licence granted to you of a Trust of which you are a buthird party whereby you continuo receive a benefit, e.g. rent from	oartly obtained vou or a right peneficiary; ue to occupy	d the use of the proper for you to repurchas	erty;
If you have N and move to	Nothing to Declare, select the word 'Nil' in the Section I	ne adjacent Box		N	IIL
Should you	require more detailed explanation on the in and 188(2) of the Local Governme				to Clauses 188(1)
RE'	RTICULARS OF EACH DISPOSITIO TURN PERIOD AS A RESULT OF V D BENEFIT OF THE PROPERTY OF TE	VHICH I RETAINED, E	ITHER WH	HOLLY OR IN P	ART, THE USE
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
UN RE	RTICULARS OF EACH DISPOSITION DER ARRANGEMENTS MADE BY I TURN PERIOD, AS A RESULT OF I D BENEFIT OF THE PROPERTY	ME, BEING DISPOSITI	ONS MAD	E AT ANY TIMI	E DURING THE
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

I DISCRETIO	I DISCRETIONARY DISCLOSURES						
A TIP: To be completed if you wish to make any additional disclosures							
	If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and go to Sign and Date to complete this Return						
MY SIGNATURE:							
DATE GIONES	00/07/0040						
DATE SIGNED:	09/07/2019						

NEXT STEPS:

- Ensure that wherever you had nothing to declare, that you have selected the word 'NIL' from the dropdrown lists.
- Print the form.
- Sign and date this page.
- Your form should then be forwarded to the Governance Coordinator at 2 Prince Street, Grafton

OPTIONAL STATUTORY DECLARATION:

Did you complete the optional Statutory Declaration on the next page?

If 'YES', make sure that you have listed the reasons for completing the form and then have your signature witnessed by a Justice of the Peace before submitting your Disclosure of Interest Form.



MY FULL NAME

DISCLOSURE OF INTERESTS

SURNAME: SOZOU

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For further information please read the
Office of Local Government's Self help guide for completion of returns

GIVEN NAME: SARAH

Ensure that wherever you have nothing to declare, that you have selected the word 'NIL' from the drop-drown lists.

A REAL PR	OPERTY		
Australia that	nust include: (i) either the postal add you had an interest in at any time during ccupier or Other	resses OR particulars of title, i.e. Lot ar the Return Period; (ii) the Nature of your	nd DP (or SP) of properties anywhere in Interest, i.e. Owner, Part Owner, Lessee,
	arcel of real property in which I had	an interest at any time during the	Nature of my Interest: Select from the drop-down list
MY PLACE(S) OF	RESIDENCE:		
No: Stre	eet:	Lot & DP:	Part Owner
Suburb: Yamba		State: NSW	
No: Stre	eet:	Lot & DP:	SELECT FROM LIST BELOW
Suburb:		State:	
OTHER REAL PR	ROPERTY POSTAL ADDRESS D	DETAILS:	
No: Stre	eet:	Lot & DP:	Ourses
Suburb: Maclean		State: NSW	Owner
No: Stre	eet:	Lot & DP:	Other (Add detaile helevi)
Suburb: Yamba		State: NSW	Other (Add details below)
No: Stre	eet:	Lot & DP:	CELECT EDOM LIST DELOW
Suburb:		State:	SELECT FROM LIST BELOW
No: Stre	eet:	Lot & DP:	OF LEGT EDOM LIGT DELOW
Suburb:		State:	SELECT FROM LIST BELOW
No: Str	eet:	Lot & DP:	OF LEGT EDOM LIGT BELOW
Suburb:		State:	SELECT FROM LIST BELOW
No: Str	eet:	Lot & DP:	OF LEAT EDOM LIST BELOW
Suburb:		State:	SELECT FROM LIST BELOW

clarence

Please tick if adding an attachment \square

A TIP: Only provide information w	here the amount of income	from an occupation, a Trust or other source, e	xceeded \$500.
SOURCES OF MY INCOME (sources, not amounts, of income)	IE FROM AN OCCU	PATION(S) Occupation(s) at any time during the Ret	urn Period)
Position Held e.g. Labourer, Cadet, Project Officer, Manager, etc.	Name of Partnership (if applicable)		
Development Planner	CLARENCE VALLEY 2 Prince Street GRAFTON NSW 246		
⇒ 2 SOURCES OF MY INCOM (sources of income, not amount)		rust during the Return Period)	
If you have Nothing to Declar e, select	t the word 'Nil' in the adj	acent Box	NIL
NAME AND ADDRESS C	F SETTLOR	NAME AND ADDRESS	OF TRUETEE
The 'Settlor' is the name of a		NAME AND ADDRESS	OF IRUSTEE
TIPS: a Other Sources of Income b You must include a des which, that income was	Y INCOME of amounts, I received a e may include income from cription sufficient to identify received.	t any time during the Return Period) n rental property, investments, business activities the person, property or business activity from	es, welfare payments; n whom, or the circumstances ir
TIPS: a Other Sources of Income b You must include a des which, that income was	Y INCOME of amounts, I received a e may include income from cription sufficient to identify received.	t any time during the Return Period) n rental property, investments, business activities the person, property or business activity from acent Box	es, welfare payments; n whom, or the circumstances in Refer Below
⇒ 3 OTHER SOURCES OF M (sources of other income, no b You must include a des	Y INCOME of amounts, I received a e may include income from cription sufficient to identify received.	t any time during the Return Period) n rental property, investments, business activities the person, property or business activity from	es, welfare payments; n whom, or the circumstances in Refer Below
TIPS: a Other Sources of Income b You must include a des which, that income was If you have Nothing to Declare, select	Y INCOME of amounts, I received a e may include income from cription sufficient to identify received.	t any time during the Return Period) n rental property, investments, business activities the person, property or business activity from acent Box	es, welfare payments; n whom, or the circumstances in Refer Below
TIPS: a Other Sources of Income b You must include a des which, that income was lf you have Nothing to Declare, select Rental Income ATIP: The 'Settlor' is the name of a control of the name of a	Y INCOME of amounts, I received a e may include income from cription sufficient to identify received. the word 'Nil' in the adja	t any time during the Return Period) n rental property, investments, business activities the person, property or business activity from acent Box	es, welfare payments; n whom, or the circumstances in Refer Below
TIPS: a Other Sources of Income by You must include a des which, that income was lf you have Nothing to Declare, select Rental Income C GIFTS A TIP: Only include description of	Y INCOME of amounts, I received a e may include income from cription sufficient to identify received. the word 'Nil' in the adja	t any time during the Return Period) In rental property, investments, business activities the person, property or business activity from acent Box 19B Harwood Street, Maclean, NSW Is from the same donor, the total value of which	es, welfare payments; n whom, or the circumstances in Refer Below
TIPS: a Other Sources of Income by You must include a des which, that income was lf you have Nothing to Declare, select Rental Income C GIFTS A TIP: Only include description of lf you have Nothing to Declare, select and move to Section D	Y INCOME of amounts, I received a e may include income from cription sufficient to identify received. the word 'Nil' in the adja a single gift or multiple gift the word 'Nil' in the adja	t any time during the Return Period) In rental property, investments, business activities the person, property or business activity from acent Box 19B Harwood Street, Maclean, NSW Is from the same donor, the total value of which	es, welfare payments; n whom, or the circumstances in Refer Below n exceeded \$500

DISCLOSURE OF INTERESTS
ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

A TIP: Do not include payments by Council for yo	ur work-related travel		
If you have Nothing to Declare, select the word 'Nil' and move to Section E	in the adjacent Box	3	NIL
NAME AND ADDRESS OF EACH PERSON WHO MAD GREATER THAN \$250 FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVEL UNDERTAKEN BY DURING THE RETURN PERIOD			NAME OF STATES, TERRITORIES OF THE COMMONWEALTH AND OTHER COUNTRIES IN WHICH TRAVEL WAS UNDERTAKEN
TIPS: (i) Declare only if your shareholding was (not Shareholder) you held in a Corporation (included Corporation or the position was a paid position	greater than 10% of voting	rights in the corporation	on (ii) You must declare any position whether or not you held shares in the
f you have Nothing to Declare, select the word 'Nil' and move to Section F	in the adjacent Box	>	NIL.
If you declare a Position U you held in a Corporation Interests Disclosure Form in the Councillors Dropbo			MUST complete a Conflict of
NAME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION AT ANY TIME DURING THE RETURN PERIOD	NATURE OF INTEREST (IF ANY) EG SHAREHOLDER	DESCRIPTION O POSITION (IF AN' EG DIRECTOR, COMPA SECRETARY	Y) PRINCIPAL OBJECTS OF
	•		
F POSITIONS IN TRADE UNIONS	OR PROFESSION	DNAL OR BU	SINESS ASSOCIATION
F POSITIONS IN TRADE UNIONS A TIP: Do not include general membership but in			
	clude details of any position		

DISCLOSURE OF INTERESTS

G DEB	TS			
A TIP society,	You do not need to provide information credit union or other financial institution s	n on (i) the amounts; (ii) debts for les uch as for your home mortgage, credit	s than \$500; (iii) del card or department	ots to any relative, bank, building store
If you have I	Nothing to Declare, select the word 'N Section H	il' in the adjacent Box		NIL
NAME AND	ADDRESS OF EACH PERSON OR ORG	ANISATION (CREDITOR) TO WHON DURING THE RETURN PERIOD	I I WAS LIABLE TO	PAY ANY DEBT AT ANY TIME
	NAME OF CREDITOR		ADDRESS OF C	REDITOR
H DISF	POSITIONS OF REAL PR	OPERTY		
o creati creati transf transf	nortgage over your land, grant of easement over land by which you prant of easement over land by which you will be assement or covenant over the land in favour on of an option to purchase land in favour on by you of a charge over your land; her by you of an interest in your land to a The of land to your spouse or by your spouser of title of your land subject to you continuation.	th (i) a lease or licence granted to you of you of you; of you; rustee of a Trust of which you are a best to a third party whereby you continuing to receive a benefit, e.g. rent from	eneficiary; e to occupy the land	
and move to	HANNEN HANNEN HEN 구는 그를 하면 있는 아이지는 아이에게 된 것이다. 아이지는 아이지는 것은 아이지 않아 있다면 하는데 되었다고 아이지를 하는데 없다면 없다.			NIL
Should you	require more detailed explanation on and 188(2) of the Local Gov	the information to be provided in terment (General) Regulation 20	his Section, you s 05 or consult your	hould refer to Clauses 188(1) solicitor
RE AN	RTICULARS OF EACH DISPOS TURN PERIOD AS A RESULT D BENEFIT OF THE PROPERT TE	OF WHICH I RETAINED, EI	THER WHOLLY	OR IN PART, THE USE
No:	Street:	Lot & DP:	Suburb:	State:
No:	Street:	Lot & DP:	Suburb:	State:
No:	Street:	Lot & DP:	Suburb:	State:
UN RE	RTICULARS OF EACH DISPOS DER ARRANGEMENTS MADE TURN PERIOD, AS A RESULT D BENEFIT OF THE PROPERTY	BY ME, BEING DISPOSITION OF WHICH I OBTAINED EI	NS MADE AT	ANY TIME DURING THE
No:	Street:	Lot & DP:	Suburb:	State:
No:	Street:	Lot & DP:	Suburb:	State:
No:	Street:	Lot & DP:	Suburb:	State:

DISCLOSURE OF INTERESTS

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

I DISCRETIONARY DISCLOSU	JRES	
A TIP: To be completed if you wish to	make any additional disclosures	
If you have Nothing to Declare, select the word 'N and go to Sign and Date to complete this Return	lil' in the adjacent Box	Refer Below
Spouse owner of real property	47 Lady Nelson Place, Yamb	oa, NSW

MY SIGNATURE:	Ø			
DATE SIGNED:	31/7/19			

NEXT STEPS:

- Ensure that wherever you had nothing to declare, that you have selected the word 'NIL' from the dropdrown lists.
- Print the form.
- Sign and date this page.
- Your form should then be forwarded to the Governance Coordinator at 2 Prince Street, Grafton

OPTIONAL STATUTORY DECLARATION:

Did you complete the optional Statutory Declaration on the next page?

If 'YES', make sure that you have listed the reasons for completing the form and then have your signature witnessed by a Justice of the Peace before submitting your Disclosure of Interest Form.





MY FULL NAME

DISCLOSURE OF INTERESTS

SURNAME: WHITEHOUSE

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

For further information please read the Office of Local Government's Self help guide for completion of returns

GIVEN NAME: SCOTT

Ensure that wherever you have nothing to declare, that you have selected the word 'NIL' from the drop-drown lists.

RETURN PERIOD: 1 JULY 2018 TO 30 JUNE 2019				
A REAL	PROPERTY			
Australia	You must include: (i) either the postal addres that you had an interest in at any time during the ary, Occupier or Other	ses OR particulars of title, i.e. Lot a Return Period; (ii) the Nature of your	nd DP (or SP) of properties anywhere in r Interest, i.e. Owner, Part Owner, Lessee,	
Address of eac Return Period	ch parcel of real property in which I had an	interest at any time during the	Nature of my Interest: Select from the drop-down list	
MY PLACE(S	S) OF RESIDENCE:			
No:	Street:	Lot & DP:	Part Owner	
Suburb: Yamba	a	State: nsw		
No:	Street:	Lot & DP:	SELECT FROM LIST BELOW	
Suburb:		State:		
OTHER REA	L PROPERTY POSTAL ADDRESS DE	TAILS:		
No:	Street:	Lot & DP:		
Suburb: Lugari	no	State: NSW	Part Owner	
No:	Street:	Lot & DP:	OF LEAT EDOM HOT BELOW	
Suburb:		State:	SELECT FROM LIST BELOW	
No:	Street:	Lot & DP:	OF LEGT EDOM LIGT BELOW	
Suburb:		State:	SELECT FROM LIST BELOW	
No:	Street:	Lot & DP:		
Suburb:		State:	SELECT FROM LIST BELOW	
No:	Street:	Lot & DP:		
Suburb:		State:	SELECT FROM LIST BELOW	
No:	Street:	Lot & DP:	051 507 50011105 551	
Suburb:		State:	SELECT FROM LIST BELOW	

If insufficient space, please attach a schedule to this form.



Please tick if adding an attachment

DISCLOSURE OF INTERESTS

B SOURCES OF INCOME					
A TIP: Only provide information w	nere the amount of inco	ome from an occu	pation, a Trust or other	source, exceeded \$500.	
SOURCES OF MY INCOME (sources, not amounts, of income)				g the Return Period)	
Position Held e.g. Labourer, Cadet, Project Officer, Manager, etc.	Descrip		ld (if applicable)	Name of Partr (if applicat	
Building Surveyor	2 Prince Street	If self employed include business name & business address CLARENCE VALLEY COUNCIL 2 Prince Street GRAFTON NSW 2460			
SOURCES OF MY INCOM (sources of income, not amount)			the Return Period)		
If you have Nothing to Declar e, select	the word 'Nil' in the	adjacent Box	•	NIL	
NAME AND ADDRESS C A TIP: The 'Settlor' is the name of a		t	NAME AND A	DDRESS OF TRUSTEE	
	ot amounts, I receive e may include income f	from rental proper	ty, investments, busine	od) ss activities, welfare payments	
which, that income was	received.				
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box NIL					
C GIFTS					
A TIP: Only include description of	a single gift or multiple	gifts from the san	ne donor, the total valu	e of which exceeded \$500	
If you have Nothing to Declare, select and move to Section D	If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section D				
If you declare a gift then you MUST also complete a Gifts and Benefits Declaration Form in the Councillors Dropbox or located on Council's Intranet					
	DESCRIPTION OF EACH GIFT RECEIVED BY ME AT ANY TIME DURING THE RETURN PERIOD NAME AND ADDRESS OF GIFT DONOR				



D

CONTRIBUTIONS TO TRAVEL

DISCLOSURE OF INTERESTS

A TIP: Do not include payments by Council for yo	ur work-related travel			
If you have Nothing to Declare, select the word 'Nil' and move to Section E	>	NIL		
NAME AND ADDRESS OF EACH PERSON WHO MADE GREATER THAN \$250 FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVEL UNDERTAKEN BY ME DURING THE RETURN PERIOD UNDERTAKEN UNDERTAKEN			NAME OF STATES, TERRITORIE OF THE COMMONWEALTH AN OTHER COUNTRIES IN WHICH TRAVEL WAS UNDERTAKEN	ID H
E INTERESTS AND POSITIONS	IN CORPORATIO	NS		
TIPS: (i) Declare only if your shareholding was (not Shareholder) you held in a Corporation (include Corporation or the position was a paid position	greater than 10% of voting r ding not-for-profit corporatio	ights in the corporat n) such as Director	tion (ii) You must declare any pos , whether or not you held shares in	ition the
If you have Nothing to Declare, select the word 'Nil' and move to Section F	in the adjacent Box	•	NIL	
If you declare a Position U you held in a Corporation Interests Disclosure Form in the Councillors Dropbo			MUST complete a Conflict of	
NAME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION AT ANY TIME DURING THE RETURN PERIOD	NATURE OF INTEREST (IF ANY) EG SHAREHOLDER	DESCRIPTION (POSITION (IF AI EG DIRECTOR, COMP SECRETARY	CORPORATION (EXCEPT	
F POSITIONS IN TRADE UNIONS	OR PROFESSIO	NAL OR BU	JSINESS ASSOCIATIO	NC
A TIP: Do not include general membership but inc	clude details of any positions	held whether remu	nerated or not	
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section G				
NAME OF EACH TRADE UNION AND EACH PROFESSIONAL OR BUSINESS ASSOCIATION IN WHICH I HELD ANY POSITION (WHETHER REMUNERATED OR NOT) AT ANY TIME DURING THE RETURN PERIOD DESCRIPTION OF POSITION				



DISCLOSURE OF INTERESTS

G DEB	TS				
A TIP: society,	You do not need to provide information on (i) credit union or other financial institution such as	the amounts; (ii) debts for le	ess than \$500 lit card or dep	; (iii) debts to any re artment store	lative, bank, building
If you have N	Nothing to Declare, select the word 'Nil' in the Section H	ne adjacent Box	-	N	IL
NAME AND	ADDRESS OF EACH PERSON OR ORGANISA DURI	ATION (CREDITOR) TO WHO	M I WAS LIAI	BLE TO PAY ANY DE	EBT AT ANY TIME
	NAME OF CREDITOR		ADDRES	SS OF CREDITOR	
H DISP	OSITIONS OF REAL PROPE	RTY			
of eac the rig of eac dispos o g o n o g c reatic c transfe transfe	 mortgage over your land, grant of easement over land by which you retain the ability to use the land, sale of land (or grant of option by you) with (i) a lease or licence granted to you or a right for you to repurchase the land, (ii) or an easement or covenant over the land in favour of you creation of an option to purchase land in favour of you; creation by you of a charge over your land; transfer by you of an interest in your land to a Trustee of a Trust of which you are a beneficiary; transfer of land to your spouse or by your spouse to a third party whereby you continue to occupy the land; 				
-	If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section I				
Should you require more detailed explanation on the information to be provided in this Section, you should refer to Clauses 188(1) and 188(2) of the Local Government (General) Regulation 2005 or consult your solicitor					
1 PARTICULARS OF EACH DISPOSITION OF REAL PROPERTY BY ME AT ANY TIME DURING THE RETURN PERIOD AS A RESULT OF WHICH I RETAINED, EITHER WHOLLY OR IN PART, THE USE AND BENEFIT OF THE PROPERTY OR THE RIGHT TO REACQUIRE THE PROPERTY AT A LATER DATE					
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
2 PARTICULARS OF EACH DISPOSITION OF REAL PROPERTY TO A PERSON BY ANOTHER PERSON UNDER ARRANGEMENTS MADE BY ME, BEING DISPOSITIONS MADE AT ANY TIME DURING THE RETURN PERIOD, AS A RESULT OF WHICH I OBTAINED EITHER WHOLLY OR IN PART, THE USE AND BENEFIT OF THE PROPERTY					
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

I DISCRETIONARY DISCLOSURES				
A TIP: To be completed if you wish to make any additional disclosures				
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and go to Sign and Date to complete this Return				

MY SIGNATURE:	
DATE SIGNED:	31/7/19

NEXT STEPS:

- Ensure that wherever you had nothing to declare, that you have selected the word 'NIL' from the dropdrown lists.
- Print the form.
- Sign and date this page.
- Your form should then be forwarded to the Governance Coordinator at 2 Prince Street, Grafton

OPTIONAL STATUTORY DECLARATION:

Did you complete the optional Statutory Declaration on the next page?

If 'YES', make sure that you have listed the reasons for completing the form and then have your signature witnessed by a Justice of the Peace before submitting your Disclosure of Interest Form.





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

COMPLETION OF THE FOLLOWING STATUTORY DECLARATION IS OPTIONAL

The declaration should be completed only if you want to withhold your place of living from the version of your Return which is made available for public inspection. Reasons for withholding your place of living must be detailed in the declaration.

STATUTORY DECLARATION

Request for Protection of Privacy (place of living) Local Government Act 1993, Section 739

I,	
of	
in the State of New South Wales, do solemnly and sincerely declar	are as follows –
	her Matters that is available, or is to be made available, for public ared or amended so as to omit or remove any matter that would
I consider that the disclosure of my place of living would place, or my family, at risk for the reason(s) that –	places, my personal safety, or the personal safety of members of
LIST YOUR REASONS HERE -	
And I make this solemn declaration conscientiously believe the Oaths Act, 1900.	ring the same to be true and by virtue of the provisions of
Subscribed and declared at:	
This day of	
20	
	My Signature
before me:	
1	a JP for NSWcertify
(Full name of JP)	(JP Registration Number)
(Tick a box that applies)	
1 I saw the face of the declarant	
☐ I did not see the face of the declarant because he he/she had a special justification for not removing it	e/she was wearing a face covering, but I am satisfied that
(Tick a box that applies)	t, and
2	
☐ I confirmed the person's identity with	
	(Describe identification document relied on [PTO)
(Signature of JP)	(Date)





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR



★ NOTES FOR COMPLETING THE OPTIONAL STATUTORY DECLARATION

A person's identify can be confirmed with any one of the following approved identification documents, unless the document has expired or been cancelled. However, an Australian passport is acceptable if it expired no more than 2 years ago -

- a driver's licence or permit with a photograph, whether issued in Australia or another country
- a NSW photo card issued under Photo Card Act 2005
- an Australian proof of age card which contains the person's photograph
- an Australian passport (either current or expired less than 2 years ago)
- a passport or similar document with the person's photograph and signature issued by another country or by the United Nations
- a national identity card with the person's photograph and signature issued by another country or the United Nations (with an English language translation if not in English)
- an Australian citizenship certificate
- a foreign citizenship certificate (with an English language translation if not in English)
- a birth certificate or birth extract, whether issued in Australia, another country or by the United Nations (with an English language translation if not in English)
- a Centrelink pension card
- a credit card or passbook
- an account from a bank, building society or credit union, or statement of account up to one year old
- a Medicare card, pension concession card, Department of Veteran's Affairs entitlement card or other entitlement card issued by the Federal or any State Government
- an electoral enrolment card or other evidence of enrolment as an elector up to 2 years old, or
- a student identity card, or a certificate or statement of enrolment up to 2 years old from an educational institution

A copy of an identification document is acceptable if certified as a true copy by:

- any justice of the peace,
- notary public,
- commissioner of the court for taking affidavits,
- Australian legal practitioner authorised to take and receive any affidavit,
- the NSW Registrar-General,
- a Deputy Registrar-General,
- or other person by law authorised to administer an oath.

The certifier and the witness cannot be the same person.





MY FULL NAME

DISCLOSURE OF INTERESTS

SURNAME: ANDERSON

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

For further information please read the Office of Local Government's Self help guide for completion of returns

GIVEN NAME: TROY

Ensure that wherever you have nothing to declare, that you have selected the word 'NIL' from the drop-drown lists.

RETURN PERIOD: 1 JULY 2018 TO 30 JUNE 2019				
A REAL	PROPERTY			
Australia	You must include: (i) either the postal addres a that you had an interest in at any time during the ary, Occupier or Other	sses OR particulars of title, i.e. Lot a Return Period; (ii) the Nature of you	nd DP (or SP) of properties anywhere in r Interest, i.e. Owner, Part Owner, Lessee,	
Address of ea Return Period	ch parcel of real property in which I had ar	n interest at any time during the	Nature of my Interest: Select from the drop-down list	
MY PLACE(S	S) OF RESIDENCE:			
No: ■	Street:	Lot & DP:	Owner	
Suburb: Gulma	arrad	State: NSW		
No:	Street:	Lot & DP:	SELECT FROM LIST BELOW	
Suburb:		State:		
OTHER REA	L PROPERTY POSTAL ADDRESS DE	TAILS:		
No:	Street:	Lot & DP:	051 507 550 11107 551 011	
Suburb:		State:	SELECT FROM LIST BELOW	
No:	Street:	Lot & DP:	05150755044107551044	
Suburb:		State:	SELECT FROM LIST BELOW	
No:	Street:	Lot & DP:		
Suburb:		State:	SELECT FROM LIST BELOW	
No:	Street:	Lot & DP:		
Suburb:		State:	SELECT FROM LIST BELOW	
No:	Street:	Lot & DP:		
Suburb:		State:	SELECT FROM LIST BELOW	
No:	Street:	Lot & DP:		
Suburb:		State:	SELECT FROM LIST BELOW	

If insufficient space, please attach a schedule to this form.



Please tick if adding an attachment

DISCLOSURE OF INTERESTS

B SOURCES OF INCOME				
A TIP: Only provide information where the amount of income from an occupation, a Trust or other source, exceeded \$500.				
SOURCES OF MY INCOME (sources, not amounts, of income)		ATION(S) Occupation(s) at any time during i	the Return Period)	
Position Held e.g. Labourer, Cadet, Project Officer, Manager, etc.	Description of	Address of Employer or f Office held (if applicable)	Name of Partnership (if applicable)	
DIRECTOR (WORKS & CIVIL)	If self employed include business name & business address CLARENCE VALLEY COUNCIL 2 Prince Street GRAFTON NSW 2460		N/A	
SOURCES OF MY INCOME (sources of income, not amount)		st during the Return Period)		
If you have Nothing to Declar e, selec	t the word 'Nil' in the adjac	cent Box	Refer Below	
NAME AND ADDRESS C		NAME AND ADD	DRESS OF TRUSTEE	
TROY & Keryn ANDERSON	TROY & Keryn ANDERSON RYAB INVESTMENTS, 58 RIVER STREET, MACLEAN NSW 2463			
3 OTHER SOURCES OF M (sources of other income, no		any time during the Return Period	d)	
•	cription sufficient to identify the	ental property, investments, business ne person, property or business activ	s activities, welfare payments; vity from whom, or the circumstances in	
If you have Nothing to Declare, select	the word 'Nil' in the adjace	ent Box	Refer Below	
SHARE PORTFOLIO		,		
C GIFTS				
A TIP: Only include description of	a single gift or multiple gifts f	rom the same donor, the total value	of which exceeded \$500	
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section D				
If you declare a gift then you MUST also complete a Gifts and Benefits Declaration Form in the Councillors Dropbox or located on Council's Intranet				
DESCRIPTION OF EACH GIFT RECEIVED BY ME AT ANY TIME DURING THE RETURN PERIOD NAME AND ADDRESS OF GIFT DONOR				



CONTRIBUTIONS TO TRAVEL

DISCLOSURE OF INTERESTS

A TIP: Do not include payments by Council for you	ur work-related travel		
If you have Nothing to Declare, select the word 'Nil' and move to Section E	in the adjacent Box		NIL
NAME AND ADDRESS OF EACH PERSON WHO MADE GREATER THAN \$250 FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVEL UNDERTAKEN BY ME DURING THE RETURN PERIOD UNDERTAKEN UNDERTAKEN			NAME OF STATES, TERRITORIES OF THE COMMONWEALTH AND OTHER COUNTRIES IN WHICH TRAVEL WAS UNDERTAKEN
E INTERESTS AND POSITIONS	IN CORPORATIO	ONS	
TIPS: (i) Declare only if your shareholding was of (not Shareholder) you held in a Corporation (include Corporation or the position was a paid position	greater than 10% of voting r ding not-for-profit corporatio	rights in the corporation n) such as Director, wh	(ii) You must declare any position nether or not you held shares in the
If you have Nothing to Declare, select the word 'Nil' and move to Section F	in the adjacent Box	•	NIL
If you declare a Position you held in a Corporation Interests Disclosure Form in the Councillors Dropbo			JST complete a Conflict of
NAME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION AT ANY TIME DURING THE RETURN PERIOD	NATURE OF INTEREST (IF ANY) EG SHAREHOLDER	DESCRIPTION OF POSITION (IF ANY) EG DIRECTOR, COMPANY SECRETARY	PRINCIPAL OBJECTS OF CORPORATION (EXCEPT IN CASE OF LISTED COMPANY)
F POSITIONS IN TRADE UNIONS	OR PROFESSIO	ONAL OR BUS	INESS ASSOCIATIONS
A TIP: Do not include general membership but inc	clude details of any positions	s held whether remunera	ated or not
If you have Nothing to Declare, select the word 'Nil' and move to Section G	>	NIL	
NAME OF EACH TRADE UNION AND EACH PROFE IN WHICH I HELD ANY POSITION (WHETH AT ANY TIME DURING THE F		DESCRIPTION OF POSITION	

DISCLOSURE OF INTERESTS

G DEB	гs					
A TIP: society,	You do not need to provide information on (i) credit union or other financial institution such as	the amounts; (ii) debts for le	ess than \$500 lit card or dep	0; (iii) debts to any re partment store	lative, bank, building	
If you have N	lothing to Declare, select the word 'Nil' in the Section H	ne adjacent Box	•	N	IL	
NAME AND	ADDRESS OF EACH PERSON OR ORGANISA DURI	ATION (CREDITOR) TO WHO NG THE RETURN PERIOD	M I WAS LIA	BLE TO PAY ANY DI	EBT AT ANY TIME	
	NAME OF CREDITOR		ADDRE	SS OF CREDITOR		
H DISP	OSITIONS OF REAL PROPE	RTY				
of each dispose of going and a graph of transfe transfe of each dispose of going and a graph of transfe of each dispose of ea	ht to repurchase the property; In disposal of real property by other persons or eal includes — I rant of a lease or licence for all or part of the lan lortgage over your land, I rant of easement over land by which you retain to ale of land (or grant of option by you) with (i) a asement or covenant over the land in favour of your of an option to purchase land in favour of you; I show you of a charge over your land; I show you of an interest in your land to a Trustee or of land to your spouse or by your spouse to a strength of title of your land subject to you continuing to	d, the ability to use the land, lease or licence granted to y ou of a Trust of which you are a benefit party whereby you conting to receive a benefit, e.g. rent from	ou or a right peneficiary; que to occupy	t for you to repurchas		
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section I						
Should you i	require more detailed explanation on the in and 188(2) of the Local Governme				to Clauses 188(1)	
RE [*]	RETURN PERIOD AS A RESULT OF WHICH I RETAINED, EITHER WHOLLY OR IN PART, THE USE AND BENEFIT OF THE PROPERTY OR THE RIGHT TO REACQUIRE THE PROPERTY AT A LATER					
No:	Street:	Lot & DP:	Suburb:		State:	
No:	Street:	Lot & DP:	Suburb:		State:	
No:	Street:	Lot & DP:	Suburb:		State:	
2 PARTICULARS OF EACH DISPOSITION OF REAL PROPERTY TO A PERSON BY ANOTHER PERSON UNDER ARRANGEMENTS MADE BY ME, BEING DISPOSITIONS MADE AT ANY TIME DURING THE RETURN PERIOD, AS A RESULT OF WHICH I OBTAINED EITHER WHOLLY OR IN PART, THE USE AND BENEFIT OF THE PROPERTY						
No:	Street:	Lot & DP:	Suburb:		State:	
No:	Street:	Lot & DP:	Suburb:		State:	
No:	Street:	Lot & DP	Suburb:		State:	





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

I DISCRETIONARY DISCLOSURES				
A TIP: To be completed if you wish to make any additional disclosures				
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and go to Sign and Date to complete this Return				

MY SIGNATURE:	
DATE SIGNED:	3 JUL 19

NEXT STEPS:

- Ensure that wherever you had nothing to declare, that you have selected the word 'NIL' from the dropdrown lists.
- Print the form.
- Sign and date this page.
- Your form should then be forwarded to the Governance Coordinator at 2 Prince Street, Grafton

OPTIONAL STATUTORY DECLARATION:

Did you complete the optional Statutory Declaration on the next page?

If 'YES', make sure that you have listed the reasons for completing the form and then have your signature witnessed by a Justice of the Peace before submitting your Disclosure of Interest Form.





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

COMPLETION OF THE FOLLOWING STATUTORY DECLARATION IS OPTIONAL

The declaration should be completed only if you want to withhold your place of living from the version of your Return which is made available for public inspection. Reasons for withholding your place of living must be detailed in the declaration.

STATUTORY DECLARATION

Request for Protection of Privacy (place of living) Local Government Act 1993, Section 739

I, Troy Dennis Anderson
of 6, McKenzie Drive, Gulmarrad NSW 2463
in the State of New South Wales, do solemnly and sincerely declare as follows –
I request that my Annual Return of Disclosure of Interests and Other Matters that is available, or is to be made available, for public inspection by or under the Local Government Act 1993 be prepared or amended so as to omit or remove any matter that would disclose, or discloses, my place of living.
I consider that the disclosure of my place of living would place, or places, my personal safety, or the personal safety of members of my family, at risk for the reason(s) that –
LIST YOUR REASONS HERE – I AM A MEMBER OF COUNCIL'S EXECUTIVE TEAM AND AM THEREFORE INVOLVED IN DECISION MAKING THAT IS SOMETIMES NOT POPULAR WITH STAFF OR THE COMMUNITY.
MY WIFE AND 2 CHILDREN LIVE WITH ME AT MY RESIDENTIAL ADDRESS AND I THEREFORE DO NOT WANT THEM EXPOSED TO ANY PERSONS THAT MAY HAVE DIFFERING VIEWS ON DECISIONS THAT HAVE BEEN MADE AND MAY PROPOSE RETAILIATION OR OTHER ASPECTS TOWARD ME OR MY FAMILY.
And I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Oaths Act, 1900.
Subscribed and declared at: Grafton
This third day of July
2019 My Signature
before me:
I, a JP for NSW certify (Full name of JP) (JP Registration Number)
(Tick a box that applies) 1
☐ I did not see the face of the declarant because he/she was wearing a face covering, but I am satisfied that he/she had a special justification for not removing it, and
(Tick a box that applies)
2 I have known the person for at least 12 months Page 6 of 8 Clarence



I confirmed the person's identity with	
· · · · · ·	(Describe identification document relied on [PTO)
(Signature of JP)	(Date)





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR



NOTES FOR COMPLETING THE OPTIONAL STATUTORY DECLARATION

A person's identity can be confirmed with any one of the following approved identification documents, unless the document has expired or been cancelled. However, an Australian passport is acceptable if it expired no more than 2 years ago –

- a driver's licence or permit with a photograph, whether issued in Australia or another country
- a NSW photo card issued under Photo Card Act 2005
- an Australian proof of age card which contains the person's photograph
- an Australian passport (either current or expired less than 2 years ago)
- a passport or similar document with the person's photograph and signature issued by another country or by the United Nations
- a national identity card with the person's photograph and signature issued by another country or the United Nations (with an English language translation if not in English)
- an Australian citizenship certificate
- a foreign citizenship certificate (with an English language translation if not in English)
- a birth certificate or birth extract, whether issued in Australia, another country or by the United Nations (with an English language translation if not in English)
- · a Centrelink pension card
- · a credit card or passbook
- an account from a bank, building society or credit union, or statement of account up to one year old
- a Medicare card, pension concession card, Department of Veteran's Affairs entitlement card or other entitlement card issued by the Federal or any State Government
- an electoral enrolment card or other evidence of enrolment as an elector up to 2 years old, or
- a student identity card, or a certificate or statement of enrolment up to 2 years old from an educational institution

A copy of an identification document is acceptable if certified as a true copy by:

- any justice of the peace,
- · notary public,
- · commissioner of the court for taking affidavits,
- · Australian legal practitioner authorised to take and receive any affidavit,
- the NSW Registrar-General,
- a Deputy Registrar-General,
- or other person by law authorised to administer an oath.

The certifier and the witness cannot be the same person.



GIVEN NAME:

MY FULL NAME

DISCLOSURE OF INTERESTS

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

Brenton

For further information please read the Office of Local Government's Self help guide for completion of returns

Timothy

Ensure that wherever you have nothing to declare, that you have selected the word 'NIL' from the drop-drown lists.

	KETOKN PEK	IOD: 1 JULY 2018 TO 30 JUNE	2019
A REAL	PROPERTY		
Australia	You must include: (i) either the po a that you had an interest in at any time ary, Occupier or Other	stal addresses OR particulars of title, i.e. Lot are during the Return Period; (ii) the Nature of your	nd DP (or SP) of properties anywhere in Interest, i.e. Owner, Part Owner, Lessee,
Address of ea Return Period	ch parcel of real property in which	I had an interest at any time during the	Nature of my Interest: Select from the drop-down list
MY PLACE(S	S) OF RESIDENCE:		
No:	Street:	Lot & DP:	Owner
Suburb: Shanr	nondale	State: NSW	
No:	Street:	Lot & DP:	SELECT FROM LIST BELOW
Suburb:		State:	
OTHER REA	L PROPERTY POSTAL ADDR	ESS DETAILS:	
No:	Street:	Lot & DP:	
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	
Suburb:		State:	SELECT FROM LIST BELOW

clarence

Please tick if adding an attachment

DISCLOSURE OF INTERESTS

B SOURCES OF INCOM	1E		
A TIP: Only provide information w	here the amount of inc	come from an occupation, a Trust or othe	er source, exceeded \$500.
1 SOURCES OF MY INCOME (sources, not amounts, of income)		CUPATION(S) n my Occupation(s) at any time durin	ng the Return Period)
Position Held e.g. Labourer, Cadet, Project Officer, Manager, etc. Regulatory Services Supervisor	Descrip	e and Address of Employer or otion of Office held (if applicable) actude business name & business a	Name of Partnership (if applicable)
Tregulatory Gervices expervisor	2 Prince Street GRAFTON NSW		
	unts, I received from	a Trust during the Return Period)	NIL
If you have Nothing to Declar e, selec		e adjacent Box	NIL
NAME AND ADDRESS C A TIP: The 'Settlor' is the name of a		NAME AND A	ADDRESS OF TRUSTEE
TIPS: a Other Sources of Incom	ot amounts, I receive e may include income cription sufficient to ide	ed at any time during the Return Per from rental property, investments, busin entify the person, property or business a	
If you have Nothing to Declare, select		adjacent Box	NIL
C GIFTS			
A TIP: Only include description of	a single gift or multiple	e gifts from the same donor, the total val	lue of which exceeded \$500
If you have Nothing to Declare, select and move to Section D			NIL
If you declare a gift $f U$ then you MUS on Council's Intranet	ST also complete a	Gifts and Benefits Declaration Form	in the Councillors Dropbox or located
DESCRIPTION OF EACH GIFT RECEIV TIME DURING THE RETURN		NAME AND ADDR	RESS OF GIFT DONOR

CONTRIBUTIONS TO TRAVEL

DISCLOSURE OF INTERESTS

A TIP: Do not include payments by Council for you	r work-related travel		
If you have Nothing to Declare, select the word 'Nil' in and move to Section E	n the adjacent Box	>	NIL
NAME AND ADDRESS OF EACH PERSON WHO MADE GREATER THAN \$250 FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVEL UNDERTAKEN BY M DURING THE RETURN PERIOD		NAME OF STATES, TERRITORIES OF THE COMMONWEALTH AND OTHER COUNTRIES IN WHICH TRAVEL WAS UNDERTAKEN	
E INTERESTS AND POSITIONS II	N CORPORATIO	NS	
TIPS: (i) Declare only if your shareholding was gr (not Shareholder) you held in a Corporation (includi Corporation or the position was a paid position	reater than 10% of voting r ing not-for-profit corporation	ights in the corporat n) such as Director,	ion (ii) You must declare any position whether or not you held shares in the
If you have Nothing to Declare, select the word 'Nil' in and move to Section F	n the adjacent Box	•	NIL
If you declare a Position () you held in a Corporation Interests Disclosure Form in the Councillors Dropbox			MUST complete a Conflict of
NAME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION AT ANY TIME DURING THE RETURN PERIOD	D ADDRESS OF EACH CORPORATION IN HAD AN INTEREST OR HELD A POSITION (IF ANY) DESCRIPTION POSITION (IF ANY) DESCRIPTION POSITION (IF ANY)		NY) PRINCIPAL OBJECTS OF
F POSITIONS IN TRADE UNIONS	OR PROFESSIO	NAL OR BU	JSINESS ASSOCIATION
A TIP: Do not include general membership but incl	lude details of any positions	held whether remu	nerated or not
If you have Nothing to Declare, select the word 'Nil' in and move to Section G	n the adjacent Box	5	NIL
NAME OF EACH TRADE UNION AND EACH PROFES IN WHICH I HELD ANY POSITION (WHETH AT ANY TIME DURING THE R	ER REMUNERATED OR N		DESCRIPTION OF POSITION



DISCLOSURE OF INTERESTS

G DEB	G DEBTS				
A TIP: You do not need to provide information on (i) the amounts; (ii) debts for less than \$500; (iii) debts to any relative, bank, building society, credit union or other financial institution such as for your home mortgage, credit card or department store					
If you have to	Nothing to Declare, select the word 'Nil' in the Section H	ne adjacent Box	•	NI	L
NAME AND	ADDRESS OF EACH PERSON OR ORGANISA DURI	ATION (CREDITOR) TO WHO NG THE RETURN PERIOD	M I WAS LIAB	LE TO PAY ANY DE	BT AT ANY TIME
	NAME OF CREDITOR		ADDRES	S OF CREDITOR	
	OSITIONS OF REAL PROPE You must disclose details:	ERTY			
the rig of eac dispos o g o n o g o s creati creati transfe	h disposal of real property since your last return ht to repurchase the property; h disposal of real property by other persons or enal includes — rant of a lease or licence for all or part of the landortgage over your land, rant of easement over land by which you retain tale of land (or grant of option by you) with (i) a asement or covenant over the land in favour of you of an option to purchase land in favour of you; on by you of a charge over your land; er by you of an interest in your land to a Trustee of the state of title of your land subject to you continuing to	ntities whereby you wholly or p d, he ability to use the land, lease or licence granted to y ou of a Trust of which you are a b third party whereby you contin	oartly obtained ou or a right f reneficiary; ue to occupy ti	the use of the prope or you to repurchase	rty;
	If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section I				
Should you require more detailed explanation on the information to be provided in this Section, you should refer to Clauses 188(1) and 188(2) of the Local Government (General) Regulation 2005 or consult your solicitor					
1 PARTICULARS OF EACH DISPOSITION OF REAL PROPERTY BY ME AT ANY TIME DURING THE RETURN PERIOD AS A RESULT OF WHICH I RETAINED, EITHER WHOLLY OR IN PART, THE USE AND BENEFIT OF THE PROPERTY OR THE RIGHT TO REACQUIRE THE PROPERTY AT A LATER DATE					
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
2 PARTICULARS OF EACH DISPOSITION OF REAL PROPERTY TO A PERSON BY ANOTHER PERSON UNDER ARRANGEMENTS MADE BY ME, BEING DISPOSITIONS MADE AT ANY TIME DURING THE RETURN PERIOD, AS A RESULT OF WHICH I OBTAINED EITHER WHOLLY OR IN PART, THE USE AND BENEFIT OF THE PROPERTY					
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:

DISCLOSURE OF INTERESTS

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

I DISCRETIONARY DISCLOSURES	
A TIP: To be completed if you wish to make any additional disclosures	
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and go to Sign and Date to complete this Return	NIL

MY SIGNATURE:				4	
DATE SIGNED:	-	3/7	19.		

NEXT STEPS:

- Ensure that wherever you had nothing to declare, that you have selected the word 'NIL' from the dropdrown lists.
- Print the form.
- Sign and date this page.
- Your form should then be forwarded to the Governance Coordinator at 2 Prince Street, Grafton

OPTIONAL STATUTORY DECLARATION:

Did you complete the optional Statutory Declaration on the next page?

If 'YES', make sure that you have listed the reasons for completing the form and then have your signature witnessed by a Justice of the Peace before submitting your Disclosure of Interest Form.



MY FULL NAME

DISCLOSURE OF INTERESTS

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

SURNAME: DAY

For further information please read the

Office of Local Government's Self help guide for completion of returns

GIVEN NAME: TERRENCE

Ensure that wherever you have nothing to declare, that you have selected the word 'NIL' from the drop-drown lists.

A DE	AL DDODEDTV	NAME AND ASSESSED ASSESSED.		
A T	TIP: You must include: (i) either the tralia that you had an interest in at any tieficiary, Occupier or Other	postal addresses OR particulars of title, i.e. Lot ar ime during the Return Period; (ii) the Nature of your	nd DP (or SP) of properties anywhere i Interest, i.e. Owner, Part Owner, Lessee	
A BUSINESS OF THE REAL PROPERTY.	f each parcel of real property in wh	nich I had an interest at any time during the	Nature of my Interest: Select from the drop-down list	
MY PLAC	CE(S) OF RESIDENCE:			
No:	Street:	Lot & DP:	Owner	
Suburb: <mark>Ilu</mark>	ıka	State: nsw		
No:	Street:	Lot & DP:	SELECT FROM LIST BELOW	
Suburb:		State:		
OTHER F	REAL PROPERTY POSTAL AD	DRESS DETAILS:	orani ili sasawa sa angili sa	
No:	Street:	Lot & DP:	OF FOT FROM LIST RELOW	
Suburb:		State:	SELECT FROM LIST BELOW	
No:	Street:	Lot & DP:	OF LEGT EDOM LIGT DELOW	
Suburb:		State:	SELECT FROM LIST BELOW	
No:	Street:	Lot & DP:	OF LEGT EDOM LIGT PELOW	
Suburb:	THE SAME SERVICE STREET, TO SAME STREET	State:	SELECT FROM LIST BELOW	
No:	Street:	Lot & DP:	OF LEGT ED ON LIGHT DELOW	
Suburb:		State:	SELECT FROM LIST BELOW	
No:	Street:	Lot & DP:	OF LEAT EDOM HOT BELOW	
Suburb:		State:	SELECT FROM LIST BELOW	
No:	Street:	Lot & DP:	05150750011107551011	
Suburb:		State:	SELECT FROM LIST BELOV	

If insufficient space, please attach a schedule to this form.



Please tick if adding an attachment

DISCLOSURE OF INTERESTS

D CONTRIBUTIONS TO TRAVEL						
A TIP: Do not include payments by Council for your work-related travel						
If you have Nothing to Declare, select the word 'Nil' in the a and move to Section E	adjacent Box	NIL				
NAME AND ADDRESS OF EACH PERSON WHO MADE GREATER THAN \$250 FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVEL UNDERTAKEN BY ME DURING THE RETURN PERIOD	DATES TRAVEL WAS UNDERTAKEN	NAME OF STATES, TERRITORIES OF THE COMMONWEALTH AND OTHER COUNTRIES IN WHICH TRAVEL WAS UNDERTAKEN				
(2) (2) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2						

TIPS: (i) Declare only if your shareholding was (not Shareholder) you held in a Corporation (inclu Corporation or the position was a paid position	greater than 10% of voting ri ding not-for-profit corporation	ights in the corporation n) such as Director, whet	(ii) You must declare any position her or not you held shares in the
If you have Nothing to Declare, select the word 'Nil' and move to Section F	in the adjacent Box		NIL
If you declare a Position $igodot$ you held in a Corporati Interests Disclosure Form in the Councillors Dropbo			T complete a Conflict of
NAME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION AT ANY TIME DURING THE RETURN PERIOD	NATURE OF INTEREST (IF ANY) EG SHAREHOLDER	DESCRIPTION OF POSITION (IF ANY) EG DIRECTOR, COMPANY SECRETARY	PRINCIPAL OBJECTS OF CORPORATION (EXCEPT IN CASE OF LISTED COMPANY)
a sympositive in the control of	no en mail est est acad a		er a transfer salental

A TIP: Do not include general membership but include details of any positions held whether remu	unerated or not
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section G	NIL
NAME OF EACH TRADE UNION AND EACH PROFESSIONAL OR BUSINESS ASSOCIATION IN WHICH I HELD ANY POSITION (WHETHER REMUNERATED OR NOT) AT ANY TIME DURING THE RETURN PERIOD	DESCRIPTION OF POSITION





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

DISCRETIONARY DISCL	OSURES	
A TIP: To be completed if you wis	sh to make any additional disclosures	Are more March 11 and 12 and 12 and 14
f you have Nothing to Declare, select the wand go to Sign and Date to complete this R		NIL
		and Properties of the action

	Charles O. Leaves	
MY SIGNATURE:	Ø	and the contract of the state o
DATE SIGNED:	3/07/2019	

NEXT STEPS:

- Ensure that wherever you had nothing to declare, that you have selected the word 'NIL' from the dropdrown lists.
- Print the form.
- Sign and date this page.
- Your form should then be forwarded to the Governance Coordinator at 2 Prince Street, Grafton

OPTIONAL STATUTORY DECLARATION:

Did you complete the optional Statutory Declaration on the next page?

If '**YES**', make sure that you have listed the reasons for completing the form and then have your signature witnessed by a Justice of the Peace before submitting your Disclosure of Interest Form.



DISCLOSURE OF INTERESTS

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR



NOTES FOR COMPLETING THE OPTIONAL STATUTORY DECLARATION

A person's identity can be confirmed with any one of the following approved identification documents, unless the document has expired or been cancelled. However, an Australian passport is acceptable if it expired no more than 2 years ago -

- a driver's licence or permit with a photograph, whether issued in Australia or another country
- a NSW photo card issued under Photo Card Act 2005
- an Australian proof of age card which contains the person's photograph
- an Australian passport (either current or expired less than 2 years ago)
- a passport or similar document with the person's photograph and signature issued by another country or by the United Nations
- a national identity card with the person's photograph and signature issued by another country or the United Nations (with an English language translation if not in English)
- an Australian citizenship certificate
- a foreign citizenship certificate (with an English language translation if not in English)
- a birth certificate or birth extract, whether issued in Australia, another country or by the United Nations (with an English language translation if not in English)
- a Centrelink pension card
- a credit card or passbook
- an account from a bank, building society or credit union, or statement of account up to one year old
- a Medicare card, pension concession card, Department of Veteran's Affairs entitlement card or other entitlement card issued by the Federal or any State Government
- an electoral enrolment card or other evidence of enrolment as an elector up to 2 years old, or
- a student identity card, or a certificate or statement of enrolment up to 2 years old from an educational institution

A copy of an identification document is acceptable if certified as a true copy by:

- · any justice of the peace,
- notary public,
- commissioner of the court for taking affidavits,
- Australian legal practitioner authorised to take and receive any affidavit,
- the NSW Registrar-General,
- a Deputy Registrar-General,
- or other person by law authorised to administer an oath.

The certifier and the witness cannot be the same person.





MY FULL NAME

DISCLOSURE OF INTERESTS

SURNAME: HOWARTH

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

For further information please read the Office of Local Government's Self help guide for completion of returns

GIVEN NAME: TIMOTHY

Ensure that wherever you have nothing to declare, that you have selected the word 'NIL' from the drop-drown lists.

	RETURN PERIOD: 1	JULY 2018 TO 30 JUNE	2019	
A REAL	PROPERTY			
Australia	You must include: (i) either the postal addres that you had an interest in at any time during the ary, Occupier or Other	sses OR particulars of title, i.e. Lot a Return Period; (ii) the Nature of you	nd DP (or SP) of properties anywhere in r Interest, i.e. Owner, Part Owner, Lessee,	
Address of each parcel of real property in which I had an interest at any time during the Return Period Nature of my Interest: Select from the drop-down list				
MY PLACE(S	S) OF RESIDENCE:			
	Street:	Lot & DP:	Owner	
Suburb: Towns	send	State: NSW	oc.	
No:	Street:	Lot & DP:	SELECT FROM LIST BELOW	
Suburb:		State:		
OTHER REA	L PROPERTY POSTAL ADDRESS DE	TAILS:		
No:	Street:	Lot & DP:	05, 507 50 000 007 05, 000	
Suburb:		State:	SELECT FROM LIST BELOW	
No:	Street:	Lot & DP:	OF LEGT EDOM LIGT DELOW	
Suburb:		State:	SELECT FROM LIST BELOW	
No:	Street:	Lot & DP:	OF LEGT EDOM LIGT DELOW	
Suburb:		State:	SELECT FROM LIST BELOW	
No:	Street:	Lot & DP:	05, 507 5000 107 051 000	
Suburb:		State:	SELECT FROM LIST BELOW	
No:	Street:	Lot & DP:	05, 507 5000 107 05, 000	
Suburb:		State:	SELECT FROM LIST BELOW	
No:	Street:	Lot & DP:	OF LEGT EDOLUTION DELCT	
Suburb:		State:	SELECT FROM LIST BELOW	

If insufficient space, please attach a schedule to this form.



Please tick if adding an attachment

DISCLOSURE OF INTERESTS

B SOURCES OF INCOME				
A TIP: Only provide information w	here the amount of inc	come from an occupation, a Trust or oth	er source, exceeded \$500.	
SOURCES OF MY INCOME (sources, not amounts, of income)		CUPATION(S) n my Occupation(s) at any time dur	ing the Return Period)	
Position Held e.g. Labourer, Cadet, Project Officer, Manager, etc.	Descrip	e and Address of Employer or otion of Office held (if applicable) nclude business name & business	Name of Partnership (if applicable) address	
Manager	CLARENCE VALL 2 Prince Street GRAFTON NSW			
2 SOURCES OF MY INCOM (sources of income, not amount)		ST n a Trust during the Return Period)		
If you have Nothing to Declar e, select	t the word 'Nil' in the	e adjacent Box	NIL	
NAME AND ADDRESS OF SETTLOR A TIP: The 'Settlor' is the name of a person who created the Trust NAME AND ADDRESS OF TRUSTEE				
TIPS: a Other Sources of Income	ot amounts, I receive e may include income	ed at any time during the Return Portion rental property, investments, businentify the person, property or business	,	
which, that income was If you have Nothing to Declare, select	received.		NIL	
			1	
C GIFTS				
A TIP: Only include description of	a single gift or multiple	e gifts from the same donor, the total va	llue of which exceeded \$500	
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section D			NIL	
If you declare a gift then you MUS on Council's Intranet	ST also complete a	Gifts and Benefits Declaration Form	n in the Councillors Dropbox or located	
DESCRIPTION OF EACH GIFT RECEIVE TIME DURING THE RETURN		NAME AND ADD	RESS OF GIFT DONOR	

D

CONTRIBUTIONS TO TRAVEL

DISCLOSURE OF INTERESTS

A TIP: Do not include payments by Council for yo	ur work-related travel			
If you have Nothing to Declare, select the word 'Nil' and move to Section E	in the adjacent Box	•	ı	NIL
NAME AND ADDRESS OF EACH PERSON WHO MAE GREATER THAN \$250 FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVEL UNDERTAKEN BY DURING THE RETURN PERIOD	ANCIAL OR OTHER EL UNDERTAKEN BY ME DATES TRAVEL WAS			TES, TERRITORIES MONWEALTH AND NTRIES IN WHICH S UNDERTAKEN
E INTERESTS AND POSITIONS	IN CORPORATIO	NS		
TIPS: (i) Declare only if your shareholding was (not Shareholder) you held in a Corporation (include Corporation or the position was a paid position	greater than 10% of voting r ding not-for-profit corporatio	ights in the corpora n) such as Director	tion (ii) You mus , whether or not y	at declare any position ou held shares in the
If you have Nothing to Declare, select the word 'Nil' and move to Section F	•	l	NIL	
If you declare a Position U you held in a Corporation Interests Disclosure Form in the Councillors Dropbo			MUST complete	a Conflict of
NAME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION AT ANY TIME DURING THE RETURN PERIOD	NATURE OF INTEREST (IF ANY) EG SHAREHOLDER	DESCRIPTION POSITION (IF A EG DIRECTOR, COMI SECRETARY	NY) CORPOR	PAL OBJECTS OF RATION (EXCEPT IN LISTED COMPANY)
F POSITIONS IN TRADE UNIONS	OR PROFESSIO	NAL OR BU	JSINESS AS	SSOCIATIONS
A TIP: Do not include general membership but inc	clude details of any positions	s held whether remu	nerated or not	
If you have Nothing to Declare, select the word 'Nil' and move to Section G	•		NIL	
NAME OF EACH TRADE UNION AND EACH PROFE IN WHICH I HELD ANY POSITION (WHETH AT ANY TIME DURING THE I		DESCRIPTIO	N OF POSITION	



DISCLOSURE OF INTERESTS

G DEBTS					
A TIP: society,	You do not need to provide information on (i) credit union or other financial institution such as	the amounts; (ii) debts for le	ess than \$500 lit card or dep); (iii) debts to any re partment store	lative, bank, building
If you have N	Nothing to Declare, select the word 'Nil' in the Section H	ne adjacent Box	-	N	IL
NAME AND	ADDRESS OF EACH PERSON OR ORGANISA DURI	ATION (CREDITOR) TO WHO NG THE RETURN PERIOD	M I WAS LIA	BLE TO PAY ANY DE	BT AT ANY TIME
	NAME OF CREDITOR		ADDRES	SS OF CREDITOR	
H DISP	OSITIONS OF REAL PROPE	RTY			
of each the right the	You must disclose details: h disposal of real property since your last return ht to repurchase the property; h disposal of real property by other persons or end al includes — rant of a lease or licence for all or part of the lan- nortgage over your land, rant of easement over land by which you retain to ale of land (or grant of option by you) with (i) a asement or covenant over the land in favour of your on of an option to purchase land in favour of your on by you of a charge over your land; er by you of an interest in your land to a Trustee er of land to your spouse or by your spouse to a series of title of your land subject to you continuing to	ntities whereby you wholly or partities whereby you wholly or partition, he ability to use the land, lease or licence granted to you of a Trust of which you are a bathird party whereby you continuo receive a benefit, e.g. rent from	oartly obtained you or a right peneficiary; the to occupy	d the use of the proper for you to repurchas	erty;
If you have N and move to	Nothing to Declare, select the word 'Nil' in the Section I	ne adjacent Box	7	N	IL
Should you require more detailed explanation on the information to be provided in this Section, you should refer to Clauses 188(1) and 188(2) of the Local Government (General) Regulation 2005 or consult your solicitor					
RE'	RTICULARS OF EACH DISPOSITIO TURN PERIOD AS A RESULT OF V D BENEFIT OF THE PROPERTY OF TE	VHICH I RETAINED, E	ITHER WH	HOLLY OR IN P	ART, THE USE
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
UN RE	RTICULARS OF EACH DISPOSITION DER ARRANGEMENTS MADE BY I TURN PERIOD, AS A RESULT OF I D BENEFIT OF THE PROPERTY	ME, BEING DISPOSITI	ONS MAD	E AT ANY TIM	E DURING THE
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

I DISCRETIONARY DISCLOSURES				
A TIP: To be completed if you wish to make any additional disclosures				
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and go to Sign and Date to complete this Return				

MY SIGNATURE:	Z		
DATE SIGNED:	03/07/2019	l	

NEXT STEPS:

- Ensure that wherever you had nothing to declare, that you have selected the word 'NIL' from the dropdrown lists.
- Print the form.
- Sign and date this page.
- Your form should then be forwarded to the Governance Coordinator at 2 Prince Street, Grafton

OPTIONAL STATUTORY DECLARATION:

Did you complete the optional Statutory Declaration on the next page?

If 'YES', make sure that you have listed the reasons for completing the form and then have your signature witnessed by a Justice of the Peace before submitting your Disclosure of Interest Form.





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

COMPLETION OF THE FOLLOWING STATUTORY DECLARATION IS OPTIONAL

The declaration should be completed only if you want to withhold your place of living from the version of your Return which is made available for public inspection. Reasons for withholding your place of living must be detailed in the declaration.

STATUTORY DECLARATION

Request for Protection of Privacy (place of living) Local Government Act 1993, Section 739

I,	
of	
in the State of New South Wales, do solemnly and sincerely dec	lare as follows –
	other Matters that is available, or is to be made available, for public pared or amended so as to omit or remove any matter that would
I consider that the disclosure of my place of living would place, or my family, at risk for the reason(s) that _	or places, my personal safety, or the personal safety of members of
LIST YOUR REASONS HERE -	
And I make this solemn declaration conscientiously belie the Oaths Act, 1900.	ving the same to be true and by virtue of the provisions of
Subscribed and declared at:	
Thisday of	
20	
	My Signature
before me:	
1	_ a JP for NSW certify
(Full name of JP)	(JP Registration Number)
(Tick a box that applies)	
1 ☐ I saw the face of the declarant	
he/she had a special justification for not removing	ne/she was wearing a face covering, but I am satisfied that it, and
(Tick a box that applies)	-,
2 I have known the person for at least 12 months	
☐ I confirmed the person's identity with	
	(Describe identification document relied on [PTO)
(Signature of JP)	(Date)





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR



★ NOTES FOR COMPLETING THE OPTIONAL STATUTORY DECLARATION

A person's identify can be confirmed with any one of the following approved identification documents, unless the document has expired or been cancelled. However, an Australian passport is acceptable if it expired no more than 2 years ago -

- a driver's licence or permit with a photograph, whether issued in Australia or another country
- a NSW photo card issued under Photo Card Act 2005
- an Australian proof of age card which contains the person's photograph
- an Australian passport (either current or expired less than 2 years ago)
- a passport or similar document with the person's photograph and signature issued by another country or by the United Nations
- a national identity card with the person's photograph and signature issued by another country or the United Nations (with an English language translation if not in English)
- an Australian citizenship certificate
- a foreign citizenship certificate (with an English language translation if not in English)
- a birth certificate or birth extract, whether issued in Australia, another country or by the United Nations (with an English language translation if not in English)
- a Centrelink pension card
- a credit card or passbook
- an account from a bank, building society or credit union, or statement of account up to one year old
- a Medicare card, pension concession card, Department of Veteran's Affairs entitlement card or other entitlement card issued by the Federal or any State Government
- an electoral enrolment card or other evidence of enrolment as an elector up to 2 years old, or
- a student identity card, or a certificate or statement of enrolment up to 2 years old from an educational institution

A copy of an identification document is acceptable if certified as a true copy by:

- any justice of the peace,
- notary public,
- · commissioner of the court for taking affidavits,
- Australian legal practitioner authorised to take and receive any affidavit,
- the NSW Registrar-General,
- a Deputy Registrar-General,
- or other person by law authorised to administer an oath.

The certifier and the witness cannot be the same person.





MY FULL NAME

DISCLOSURE OF INTERESTS

SURNAME: JENKINS

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

For further information please read the Office of Local Government's Self help guide for completion of returns

GIVEN NAME: TIMOTHY

Ensure that wherever you have nothing to declare, that you have selected the word 'NIL' from the drop-drown lists.

	RETURN PERIOD: 1	JULY 2018 TO 30 JUNE	2019	
A REAL	PROPERTY			
Australia	You must include: (i) either the postal addres that you had an interest in at any time during the ary, Occupier or Other			
Address of each parcel of real property in which I had an interest at any time during the Return Period Nature of my Interest: Select from the drop-down list				
MY PLACE(S	S) OF RESIDENCE:			
No:	Street:	Lot & DP:	Part Owner	
Suburb: Coffs	Harbour	State: NSW		
No:	Street:	Lot & DP:	SELECT FROM LIST BELOW	
Suburb:		State:		
OTHER REA	L PROPERTY POSTAL ADDRESS DE	TAILS:		
No:	Street:	Lot & DP:	OF LEGT EDOM LIGT DELOW	
Suburb:		State:	SELECT FROM LIST BELOW	
No:	Street:	Lot & DP:	OF LEGT EDOM LIGT DELOW	
Suburb:		State:	SELECT FROM LIST BELOW	
No:	Street:	Lot & DP:	OF LEGT EDOM LIGT DELOW	
Suburb:		State:	SELECT FROM LIST BELOW	
No:	Street:	Lot & DP:	OF LEGT EDOM LIGT DELOW	
Suburb:		State:	SELECT FROM LIST BELOW	
No:	Street:	Lot & DP:	OF LEGT EDOM LIGT DELOW	
Suburb:		State:	SELECT FROM LIST BELOW	
No:	Street:	Lot & DP:	OF LECT EDOM LIST BELOW	
Suburb:		State:	SELECT FROM LIST BELOW	

If insufficient space, please attach a schedule to this form.



Please tick if adding an attachment

DISCLOSURE OF INTERESTS

B SOURCES OF INCOME				
A TIP: Only provide information w	nere the amount of inc	come from an occupation, a	Trust or other source, e	exceeded \$500.
SOURCES OF MY INCOME (sources, not amounts, of income)			y time during the Rei	turn Period)
Position Held e.g. Labourer, Cadet, Project Officer, Manager, etc.	Descrip	Name and Address of Employer or Description of Office held (if applicable) f self employed include business name & business address Name of Partnership (if applicable)		
Manager Civil Services	2 Prince Street	CLARENCE VALLEY COUNCIL		
2 SOURCES OF MY INCOM (sources of income, not amount)	unts, I received from	n a Trust during the Retu	rn Period)	NIII
If you have Nothing to Declar e, select the word 'Nil' in the adjacent Box NIL				
NAME AND ADDRESS OF SETTLOR A TIP: The 'Settlor' is the name of a person who created the Trust NAME AND ADDRESS OF TRUSTEE				OF TRUSTEE
3 OTHER SOURCES OF M (sources of other income, no		ed at any time during the	Return Period)	
•	cription sufficient to ide	from rental property, investrentify the person, property o		es, welfare payments; whom, or the circumstances in
If you have Nothing to Declare, select	the word 'Nil' in the	adjacent Box		NIL
C GIFTS				
A TIP: Only include description of	a single gift or multiple	e gifts from the same donor,	the total value of which	exceeded \$500
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section D				
If you declare a gift then you MUS on Council's Intranet	T also complete a	Gifts and Benefits Declar	ation Form in the Co	uncillors Dropbox or located
DESCRIPTION OF EACH GIFT RECEIVE TIME DURING THE RETURN		NAME	AND ADDRESS OF G	IFT DONOR

CONTRIBUTIONS TO TRAVEL

DISCLOSURE OF INTERESTS

A TIP: Do not include payments by Council for yo	ur work-related travel		
If you have Nothing to Declare, select the word 'Nil' and move to Section E	in the adjacent Box	>	NIL
GREATER THAN \$250 FINANCIAL OR OTHER	ONTRIBUTION TO ANY TRAVEL UNDERTAKEN BY ME DATES TRAVEL WAS		
E INTERESTS AND POSITIONS	IN CORPORATIO	NS	
TIPS: (i) Declare only if your shareholding was (not Shareholder) you held in a Corporation (inclu-Corporation or the position was a paid position	greater than 10% of voting r ding not-for-profit corporatio	ights in the corporation) such as Director,	on (ii) You must declare any position whether or not you held shares in the
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section F			
If you declare a Position U you held in a Corporation Interests Disclosure Form in the Councillors Dropbo	on that had a relationship x or located on Council's	with Council, you M	MUST complete a Conflict of
NAME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION AT ANY TIME DURING THE RETURN PERIOD	ON (IF ANY) POSITION (IF ANY) CORPO		Y) PRINCIPAL OBJECTS OF
F POSITIONS IN TRADE UNIONS	OR PROFESSIO	DNAL OR BU	SINESS ASSOCIATIONS
A TIP: Do not include general membership but in	clude details of any positions	s held whether remun	erated or not
If you have Nothing to Declare, select the word 'Nil' and move to Section G	in the adjacent Box	•	NIL
NAME OF EACH TRADE UNION AND EACH PROFE IN WHICH I HELD ANY POSITION (WHETH AT ANY TIME DURING THE	HER REMUNERATED OR N		DESCRIPTION OF POSITION

DISCLOSURE OF INTERESTS

G DEB	тѕ				
	You do not need to provide information on (i) credit union or other financial institution such as				lative, bank, building
If you have N	Nothing to Declare, select the word 'Nil' in the Section H	ne adjacent Box	•	N	IL
NAME AND	ADDRESS OF EACH PERSON OR ORGANISA DURI	ATION (CREDITOR) TO WHO	M I WAS LIA	BLE TO PAY ANY DE	BT AT ANY TIME
	NAME OF CREDITOR		ADDRES	SS OF CREDITOR	
H DISP	OSITIONS OF REAL PROPE	RTY			
of each the right the rig	You must disclose details: In disposal of real property since your last return to repurchase the property; In disposal of real property by other persons or example includes — I rant of a lease or licence for all or part of the landortgage over your land, rant of easement over land by which you retain to alle of land (or grant of option by you) with (i) a seement or covenant over the land in favour of your of an option to purchase land in favour of your on by you of a charge over your land; are by you of an interest in your land to a Trustee for of land to your spouse or by your spouse to a see of title of your land subject to you continuing to	ntities whereby you wholly or partities whereby you wholly or partition, he ability to use the land, lease or licence granted to you of a Trust of which you are a bathird party whereby you continuo receive a benefit, e.g. rent from	oartly obtained vou or a right peneficiary; ue to occupy	d the use of the proper for you to repurchas	erty;
If you have N and move to	Nothing to Declare, select the word 'Nil' in the Section I	ne adjacent Box		N	IL
Should you	Should you require more detailed explanation on the information to be provided in this Section, you should refer to Clauses 188(1) and 188(2) of the Local Government (General) Regulation 2005 or consult your solicitor				to Clauses 188(1)
RE'	RTICULARS OF EACH DISPOSITIO TURN PERIOD AS A RESULT OF V D BENEFIT OF THE PROPERTY OF TE	VHICH I RETAINED, E	ITHER WH	HOLLY OR IN P	ART, THE USE
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
UN RE	RTICULARS OF EACH DISPOSITION DER ARRANGEMENTS MADE BY I TURN PERIOD, AS A RESULT OF I D BENEFIT OF THE PROPERTY	ME, BEING DISPOSITI	ONS MAD	E AT ANY TIMI	E DURING THE
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

I DISCRETIONARY DISCLOSURES					
A TIP: To be completed if you wish to make any additional disclosures					
If you have Nothing to Declare, select the word 'Nil' in the adjace and go to Sign and Date to complete this Return	nt Box	NIL			

MY SIGNATURE:	Z		
DATE SIGNED:	3 JULY 2019		

NEXT STEPS:

- Ensure that wherever you had nothing to declare, that you have selected the word 'NIL' from the dropdrown lists.
- · Print the form.
- Sign and date this page.
- Your form should then be forwarded to the Governance Coordinator at 2 Prince Street, Grafton

OPTIONAL STATUTORY DECLARATION:

Did you complete the optional Statutory Declaration on the next page?

If 'YES', make sure that you have listed the reasons for completing the form and then have your signature witnessed by a Justice of the Peace before submitting your Disclosure of Interest Form.





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

COMPLETION OF THE FOLLOWING STATUTORY DECLARATION IS OPTIONAL

The declaration should be completed only if you want to withhold your place of living from the version of your Return which is made available for public inspection. Reasons for withholding your place of living must be detailed in the declaration.

STATUTORY DECLARATION

Request for Protection of Privacy (place of living) Local Government Act 1993, Section 739

I,	
of	
	lava as fallavia
in the State of New South Wales, do solemnly and sincerely dec	
	other Matters that is available, or is to be made available, for public pared or amended so as to omit or remove any matter that would
I consider that the disclosure of my place of living would place, or my family, at risk for the reason(s) that –	or places, my personal safety, or the personal safety of members of
LIST YOUR REASONS HERE -	
And I make this solemn declaration conscientiously belief the Oaths Act, 1900.	ving the same to be true and by virtue of the provisions of
Subscribed and declared at:	
Thisday of	
20	
	My Signature
before me:	
I,	a JP for NSW certify
(Full name of JP)	(JP Registration Number)
(Tide about the control	
 (Tick a box that applies) 1 □ I saw the face of the declarant 	
	ne/she was wearing a face covering, but I am satisfied that
he/she had a special justification for not removing	
(Tick a box that applies)	
2	
☐ I confirmed the person's identity with	(Describe identification document relied on [PTO)
(Signature of ID)	(Data)
(Signature of JP)	(Date)





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR



近 NOTES FOR COMPLETING THE OPTIONAL STATUTORY DECLARATION

A person's identify can be confirmed with any one of the following approved identification documents, unless the document has expired or been cancelled. However, an Australian passport is acceptable if it expired no more than 2 years ago -

- a driver's licence or permit with a photograph, whether issued in Australia or another country
- a NSW photo card issued under Photo Card Act 2005
- an Australian proof of age card which contains the person's photograph
- an Australian passport (either current or expired less than 2 years ago)
- a passport or similar document with the person's photograph and signature issued by another country or by the United Nations
- a national identity card with the person's photograph and signature issued by another country or the United Nations (with an English language translation if not in English)
- an Australian citizenship certificate
- a foreign citizenship certificate (with an English language translation if not in English)
- a birth certificate or birth extract, whether issued in Australia, another country or by the United Nations (with an English language translation if not in English)
- a Centrelink pension card
- a credit card or passbook
- an account from a bank, building society or credit union, or statement of account up to one year old
- a Medicare card, pension concession card, Department of Veteran's Affairs entitlement card or other entitlement card issued by the Federal or any State Government
- an electoral enrolment card or other evidence of enrolment as an elector up to 2 years old, or
- a student identity card, or a certificate or statement of enrolment up to 2 years old from an educational institution

A copy of an identification document is acceptable if certified as a true copy by:

- any justice of the peace,
- notary public,
- commissioner of the court for taking affidavits,
- Australian legal practitioner authorised to take and receive any affidavit,
- the NSW Registrar-General,
- a Deputy Registrar-General,
- or other person by law authorised to administer an oath.

The certifier and the witness cannot be the same person.





MY FULL NAME GIVEN NAME: TREVOR

DISCLOSURE OF INTERESTS

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

SURNAME: PATE

For further information please read the Office of Local Government's Self help guide for completion of returns

Ensure that wherever you have nothing to declare, that you have selected the word 'NIL' from the drop-drown lists.

	RETURN PERIOD. 1	JULY 2018 10 30 JUNE	2019
A REAL	PROPERTY		
Australia	You must include: (i) either the postal addres that you had an interest in at any time during the ary, Occupier or Other	ses OR particulars of title, i.e. Lot at Return Period; (ii) the Nature of your	nd DP (or SP) of properties anywhere in Interest, i.e. Owner, Part Owner, Lessee,
Address of eac Return Period	ch parcel of real property in which I had an	interest at any time during the	Nature of my Interest: Select from the drop-down list
MY PLACE(S	S) OF RESIDENCE:	•	
No:	Street:	Lot & DP:	SELECT FROM LIST BELOW
Suburb: Grafto	n	State: NSW	
No:	Street:	Lot & DP:	SELECT FROM LIST BELOW
Suburb:		State:	
OTHER REA	L PROPERTY POSTAL ADDRESS DE	TAILS:	NIL
No:	Street:	Lot & DP:	OF LEGT EDOM LIGT DELOW
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	CELECT EDOM LICT DELOW
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	CELECT EDOM LICT DELOW
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	OF LEGT EDOM LIGT BELOW
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	OF LEGT EDOM LIGT BELOW
Suburb:		State:	SELECT FROM LIST BELOW
No:	Street:	Lot & DP:	OF LEGT EDOM LIGT BELOW
Suburb:		State:	SELECT FROM LIST BELOW

If insufficient space, please attach a schedule to this form.



Please tick if adding an attachment

DISCLOSURE OF INTERESTS

B S	B SOURCES OF INCOME					
淡 A	TIP: Only provide information w	here the amount of inc	come from an	occupation, a Trust or oth	er source, ex	ceeded \$500.
ગ 1	SOURCES OF MY INCOM (sources, not amounts, of inc				ng the Retu	ırn Period)
e.g. Lab	Position Held ourer, Cadet, Project Officer, Manager, etc.	Descrip	Name and Address of Employer or Description of Office held (if applicable) If self employed include business name & business address Name of Partnership (if applicable)			•
Procure Coordin	ement Light Fleet nator	CLARENCE VALL 2 Prince Street	CLARENCE VALLEY COUNCIL			
2	SOURCES OF MY INCOM (sources of income, not amou		~ -	ing the Return Period)		
If you h	nave Nothing to Declar e, select	the word 'Nil' in the	adjacent Bo	ox ⊃		NIL
辽	NAME AND ADDRESS OF SETTLOR A TIP: The 'Settlor' is the name of a person who created the Trust NAME AND ADDRESS OF TRUSTEE				OF TRUSTEE	
⊃ 3	(Sources of other income, no	ot amounts, I receive e may include income cription sufficient to ide	from rental pr	operty, investments, busir	ness activities	s, welfare payments; whom, or the circumstances in
If you h	nave Nothing to Declare, select		adjacent Bo	x ⊃		NIL
					l	
C	GIFTS					
淡 A	TIP: Only include description of	a single gift or multiple	e gifts from the	same donor, the total va	ue of which	exceeded \$500
	If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section D					NIL
-	declare a gift	ST also complete a	Gifts and Bei	nefits Declaration Form	in the Cou	ncillors Dropbox or located
DESCI	RIPTION OF EACH GIFT RECEIVI TIME DURING THE RETURN			NAME AND ADDF	RESS OF GIF	T DONOR

CONTRIBUTIONS TO TRAVEL

DISCLOSURE OF INTERESTS

A TIP: Do not include payments by Council for yo	ur work-related travel			
If you have Nothing to Declare, select the word 'Nil' and move to Section E	in the adjacent Box	>		NIL
NAME AND ADDRESS OF EACH PERSON WHO MAD GREATER THAN \$250 FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVEL UNDERTAKEN BY DURING THE RETURN PERIOD	REATER THAN \$250 FINANCIAL OR OTHER IBUTION TO ANY TRAVEL UNDERTAKEN BY ME DATES TRAVEL WAS		OF T OTH	OF STATES, TERRITORIES HE COMMONWEALTH AND HER COUNTRIES IN WHICH AVEL WAS UNDERTAKEN
E INTERESTS AND POSITIONS	IN CORPORATIO	NS		
TIPS: (i) Declare only if your shareholding was (not Shareholder) you held in a Corporation (included Corporation or the position was a paid position	greater than 10% of voting r ding not-for-profit corporatio	ights in the corpora n) such as Director	tion (ii) , whether	You must declare any position r or not you held shares in the
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section F				NIL
If you declare a Position U you held in a Corporation Interests Disclosure Form in the Councillors Dropbo	on that had a relationship x or located on Council's	with Council, you Intranet	MUST	complete a Conflict of
NAME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION AT ANY TIME DURING THE RETURN PERIOD	NATURE OF INTEREST (IF ANY) EG SHAREHOLDER	(IF ANY) FIGURECTOR COMPANY CORPORA		PRINCIPAL OBJECTS OF CORPORATION (EXCEPT IN CASE OF LISTED COMPANY)
F POSITIONS IN TRADE UNIONS	OR PROFESSIO	NAL OR BU	JSINE	SS ASSOCIATIONS
A TIP: Do not include general membership but inc	clude details of any positions	held whether remu	nerated o	or not
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section G			NIL	
NAME OF EACH TRADE UNION AND EACH PROFE IN WHICH I HELD ANY POSITION (WHETH AT ANY TIME DURING THE I	HER REMUNERATED OR N		DES	SCRIPTION OF POSITION

DISCLOSURE OF INTERESTS

G DEB	тѕ				
A TIP: society,	You do not need to provide information on (i) credit union or other financial institution such as	the amounts; (ii) debts for le	ess than \$500 lit card or dep	D; (iii) debts to any repartment store	lative, bank, building
If you have N and move to	lothing to Declare, select the word 'Nil' in the Section H	ne adjacent Box	•	N	IL
NAME AND	ADDRESS OF EACH PERSON OR ORGANISA DURI	ATION (CREDITOR) TO WHO NG THE RETURN PERIOD	M I WAS LIA	BLE TO PAY ANY DE	EBT AT ANY TIME
	NAME OF CREDITOR		ADDRE	SS OF CREDITOR	
H DISP	OSITIONS OF REAL PROPE	RTY			
of each the right of each the	You must disclose details: In disposal of real property since your last return to repurchase the property; In disposal of real property by other persons or eal includes — I reant of a lease or licence for all or part of the lan lortgage over your land, I rant of easement over land by which you retain to ale of land (or grant of option by you) with (i) a lasement or covenant over the land in favour of your of an option to purchase land in favour of your on by you of a charge over your land; I re by you of an interest in your land to a Trustee for of land to your spouse or by your spouse to a ser of title of your land subject to you continuing to lothing to Declare, select the word 'Nil' in the	ntities whereby you wholly or partities whereby you wholly or partition, the ability to use the land, lease or licence granted to you of a Trust of which you are a bathird party whereby you continuo receive a benefit, e.g. rent from	partly obtaine vou or a right peneficiary; ue to occupy	d the use of the proper for you to repurchas the land;	erty;
	and move to Section I				
Should you i	require more detailed explanation on the in- and 188(2) of the Local Governme				to Clauses 188(1)
RE [*]	RTICULARS OF EACH DISPOSITIO FURN PERIOD AS A RESULT OF V D BENEFIT OF THE PROPERTY OF TE	VHICH I RETAINED, E	ITHER WI	HOLLY OR IN P	ART, THE USE
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
UN RE	RTICULARS OF EACH DISPOSITION DER ARRANGEMENTS MADE BY I TURN PERIOD, AS A RESULT OF I D BENEFIT OF THE PROPERTY	ME, BEING DISPOSITION	ONS MAD	E AT ANY TIM	E DURING THE
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:
No:	Street:	Lot & DP:	Suburb:		State:





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

I DISCRETIONARY DISCLOSURES				
A TIP: To be completed if you wish to make any additional disclosures				
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and go to Sign and Date to complete this Return				

MY SIGNATURE■	
DATE SIGNED:	04/07/2019

NEXT STEPS:

- Ensure that wherever you had nothing to declare, that you have selected the word 'NIL' from the dropdrown lists.
- Print the form.
- Sign and date this page.
- Your form should then be forwarded to the Governance Coordinator at 2 Prince Street, Grafton

OPTIONAL STATUTORY DECLARATION:

Did you complete the optional Statutory Declaration on the next page?

If 'YES', make sure that you have listed the reasons for completing the form and then have your signature witnessed by a Justice of the Peace before submitting your Disclosure of Interest Form.





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

COMPLETION OF THE FOLLOWING STATUTORY DECLARATION IS OPTIONAL

The declaration should be completed only if you want to withhold your place of living from the version of your Return which is made available for public inspection. Reasons for withholding your place of living must be detailed in the declaration.

STATUTORY DECLARATION

Request for Protection of Privacy (place of living) Local Government Act 1993, Section 739

I,	
of	
	laro as follows
in the State of New South Wales, do solemnly and sincerely dec	
	Other Matters that is available, or is to be made available, for public pared or amended so as to omit or remove any matter that would
I consider that the disclosure of my place of living would place, of my family, at risk for the reason(s) that	or places, my personal safety, or the personal safety of members of
LIST YOUR REASONS HERE -	
And I make this solemn declaration conscientiously belief the Oaths Act, 1900.	eving the same to be true and by virtue of the provisions of
Subscribed and declared at:	
Thisday of	
20	
	My Signature
before me:	
I,	a JP for NSW certify
(Full name of JP)	(JP Registration Number)
(Tiels a how that applied)	
 (Tick a box that applies) 1 □ I saw the face of the declarant 	
	ne/she was wearing a face covering, but I am satisfied that
he/she had a special justification for not removing	
(Tick a box that applies)	
2	
☐ I confirmed the person's identity with	(Describe identification document relied on [PTO)
	. ,
(Cinnature of IC)	(0-41)
(Signature of JP)	(Date)





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NOTES FOR COMPLETING THE OPTIONAL STATUTORY DECLARATION

A person's identity can be confirmed with any one of the following approved identification documents, unless the document has expired or been cancelled. However, an Australian passport is acceptable if it expired no more than 2 years ago –

- a driver's licence or permit with a photograph, whether issued in Australia or another country
- a NSW photo card issued under Photo Card Act 2005
- an Australian proof of age card which contains the person's photograph
- an Australian passport (either current or expired less than 2 years ago)
- a passport or similar document with the person's photograph and signature issued by another country or by the United Nations
- a national identity card with the person's photograph and signature issued by another country or the United Nations (with an English language translation if not in English)
- an Australian citizenship certificate
- a foreign citizenship certificate (with an English language translation if not in English)
- a birth certificate or birth extract, whether issued in Australia, another country or by the United Nations (with an English language translation if not in English)
- · a Centrelink pension card
- · a credit card or passbook
- an account from a bank, building society or credit union, or statement of account up to one year old
- a Medicare card, pension concession card, Department of Veteran's Affairs entitlement card or other entitlement card issued by the Federal or any State Government
- an electoral enrolment card or other evidence of enrolment as an elector up to 2 years old, or
- a student identity card, or a certificate or statement of enrolment up to 2 years old from an educational institution

A copy of an identification document is acceptable if certified as a true copy by:

- any justice of the peace,
- · notary public,
- · commissioner of the court for taking affidavits,
- · Australian legal practitioner authorised to take and receive any affidavit,
- the NSW Registrar-General,
- a Deputy Registrar-General,
- or other person by law authorised to administer an oath.

The certifier and the witness cannot be the same person.





MY FULL NAME

DISCLOSURE OF INTERESTS

SUTHERLAND

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

SURNAME:

For further information please read the Office of Local Government's Self help guide for completion of returns

GIVEN NAME: TONY

Ensure that wherever you have nothing to declare, that you have selected the word 'NIL' from the drop-drown lists.

RETURN PERIOD: 1 JULY 2018 TO 30 JUNE 2019					
A REAL	PROPERTY				
Australi	You must include: (i) either the postal addres a that you had an interest in at any time during the lary, Occupier or Other	sses OR particulars of title, i.e. Lot a Return Period; (ii) the Nature of you	nd DP (or SP) of properties anywhere in r Interest, i.e. Owner, Part Owner, Lessee,		
Address of each parcel of real property in which I had an interest at any time during the Return Period Nature of my Interest: Se the drop-down lise					
MY PLACE	S) OF RESIDENCE:				
No:	Street:	Lot & DP:	Occupier		
Suburb: Coutt	s Crossing	State: NSW			
No:	Street:	Lot & DP:	SELECT FROM LIST BELOW		
Suburb:		State:			
OTHER REA	L PROPERTY POSTAL ADDRESS DE	TAILS:			
No:	Street:	Lot & DP:			
Suburb:		State:	SELECT FROM LIST BELOW		
No: Street:		Lot & DP:	051505500		
Suburb:		State:	SELECT FROM LIST BELOW		
No:	Street:	Lot & DP:	2		
Suburb:		State:	SELECT FROM LIST BELOW		
No:	Street:	Lot & DP:			
Suburb:		State:	SELECT FROM LIST BELOW		
No: Street:		Lot & DP:	9		
Suburb:		State:	SELECT FROM LIST BELOW		
No:	Street:	Lot & DP:			
Suburb:		State:	SELECT FROM LIST BELOW		

If insufficient space, please attach a schedule to this form.

clarence

Please tick if adding an attachment

DISCLOSURE OF INTERESTS

B SOURCES OF INCOM	IE				
A TIP: Only provide information w	here the amount of incom	e from an occupation, a Trust or other source,	exceeded \$500.		
⇒ 1 SOURCES OF MY INCOME (sources, not amounts, of income income).		JPATION(S) y Occupation(s) at any time during the Re	turn Period)		
Position Held e.g. Labourer, Cadet, Project Officer, Manager, etc.	n Held Name and Address of Employer or Description of Office held (if applicable) Name of Partnership (if applicable)				
Senior Ranger	CLARENCE VALLEY 2 Prince Street GRAFTON NSW 24	COUNCIL			
2 SOURCES OF MY INCOME (sources of income, not amount of the sources) If you have Nothing to Declar e, selections are solected as a selection of the solected are solected as a selection of the	unts, I received from a	Trust during the Return Period)	NIL		
NAME AND ADDRESS C					
A TIP: The 'Settlor' is the name of a		NAME AND ADDRESS	S OF TRUSTEE		
NIL		NIL			
TIPS: a Other Sources of Incom	ot amounts, I received a e may include income from cription sufficient to identi	at any time during the Return Period) m rental property, investments, business activit fy the person, property or business activity from			
If you have Nothing to Declare, select	the word 'Nil' in the ad	jacent Box	NIL		
C GIFTS					
A TIP: Only include description of	a single gift or multiple gi	fts from the same donor, the total value of whic	ch exceeded \$500		
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section D					
If you declare a gift U then you MUS on <u>Council's Intranet</u>	ST also complete a Gift	s and Benefits Declaration Form in the Co	ouncillors Dropbox or located		
DESCRIPTION OF EACH GIFT RECEIVED BY ME AT ANY TIME DURING THE RETURN PERIOD NAME AND ADDRESS OF GIFT DONOR					



DISCLOSURE OF INTERESTS

D CONTRIBUTIONS TO TRAVEL	•				
A TIP: Do not include payments by Council for you	ur work-related travel		_		
If you have Nothing to Declare, select the word 'Nil' and move to Section E	in the adjacent Box	>	NIL		
NAME AND ADDRESS OF EACH PERSON WHO MAD GREATER THAN \$250 FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVEL UNDERTAKEN BY I DURING THE RETURN PERIOD			NAME OF STATES, TERRITORIES OF THE COMMONWEALTH AND OTHER COUNTRIES IN WHICH TRAVEL WAS UNDERTAKEN		
TIPS: (i) Declare only if your shareholding was go (not Shareholder) you held in a Corporation (include Corporation or the position was a paid position	greater than 10% of voting r	rights in the corporati	ion (ii) You must declare any positior, whether or not you held shares in the		
If you have Nothing to Declare, select the word 'Nil' and move to Section F	in the adjacent Box	•	NIL		
If you declare a Position U you held in a Corporation Interests Disclosure Form in the Councillors Dropbo.			MUST complete a Conflict of		
NAME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION AT ANY TIME DURING THE RETURN PERIOD	NATURE OF INTEREST (IF ANY) EG SHAREHOLDER	DESCRIPTION (POSITION (IF AN EG DIRECTOR, COMP, SECRETARY	ANY) CORPORATION (EXCEPT I		
F POSITIONS IN TRADE UNIONS		s held whether remur			
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section G					
NAME OF EACH TRADE UNION AND EACH PROFE IN WHICH I HELD ANY POSITION (WHETH AT ANY TIME DURING THE F		DESCRIPTION OF POSITION			

DISCLOSURE OF INTERESTS

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

G	G DEBTS						
江	A TIP:	You do not need to provide information on (i) credit union or other financial institution such as	the amounts; (ii) debts for lea	ss than \$500; (t card or depar	iii) debts to any rela tment store	ative, bank, building	
	you have Nothing to Declare, select the word 'Nil' in the adjacent Box nd move to Section H						
N/	AME AND	ADDRESS OF EACH PERSON OR ORGANISA DURI	TION (CREDITOR) TO WHO! NG THE RETURN PERIOD	// I WAS LIABL	E TO PAY ANY DE	BT AT ANY TIME	
		NAME OF CREDITOR		ADDRESS	OF CREDITOR		
	TIPS: of each the right of each dispose of eac	OSITIONS OF REAL PROPE You must disclose details: In disposal of real property since your last return Into repurchase the property; In disposal of real property by other persons or end includes — I sant of a lease or licence for all or part of the land ortgage over your land, I ant of easement over land by which you retain the of land (or grant of option by you) with (i) a dissement or covenant over the land in favour of your of an option to purchase land in favour of you; In by you of a charge over your land; I by you of an interest in your land to a Trustee or of land to your spouse or by your spouse to a for of title of your land subject to you continuing to	was made by which you wholly or p d, he ability to use the land, lease or licence granted to y ou of a Trust of which you are a behird party whereby you contine	artly obtained to be or a right for a right for a right for the oreast to be occupy the to occupy the same of the occupy the to occupy the occu	he use of the prope or you to repurchase	rty;	
	f you have Nothing to Declare, select the word 'Nil' in the adjacent Box NIL NIL						
Sho	ould you r	equire more detailed explanation on the in and 188(2) of the Local Governme				to Clauses 188(1)	
٥	RE'	RTICULARS OF EACH DISPOSITIOF IN TURN PERIOD AS A RESULT OF INDEPERTY OF THE PROPERTY OF THE P	VHICH I RETAINED, E	THER WHO	DLLY OR IN P	ART, THE USE	
No:		Street:	Lot & DP:	Suburb:		State:	
No:		Street:	Lot & DP:	Suburb:		State:	
No:		Street:	Lot & DP:	Suburb:		State:	
2 PARTICULARS OF EACH DISPOSITION OF REAL PROPERTY TO A PERSON BY ANOTHER PERSON UNDER ARRANGEMENTS MADE BY ME, BEING DISPOSITIONS MADE AT ANY TIME DURING THE RETURN PERIOD, AS A RESULT OF WHICH I OBTAINED EITHER WHOLLY OR IN PART, THE USE AND BENEFIT OF THE PROPERTY							
No:		Street:	Lot & DP:	Suburb:		State:	
No:		Street:	Lot & DP:	Suburb:		State:	

Lot & DP:

Suburb:



State:

No:

Street:



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I DISCRETIONARY DISCLOSURES	
A TIP: To be completed if you wish to make any additional disclosures	
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and go to Sign and Date to complete this Return	NIL

MY SIGNATURE:	Ø					- 27
DATE SIGNED:	3/7	/19				

NEXT STEPS:

- Ensure that wherever you had nothing to declare, that you have selected the word 'NIL' from the dropdrown lists.
- Print the form.
- Sign and date this page.
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OPTIONAL STATUTORY DECLARATION:

Did you complete the optional Statutory Declaration on the next page?

If 'YES', make sure that you have listed the reasons for completing the form and then have your signature witnessed by a Justice of the Peace before submitting your Disclosure of Interest Form.





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COMPLETION OF THE FOLLOWING STATUTORY DECLARATION IS OPTIONAL

The declaration should be completed only if you want to withhold your place of living from the version of your Return which is made available for public inspection. Reasons for withholding your place of living must be detailed in the declaration.

STATUTORY DECLARATION

Request for Protection of Privacy (place of living) Local Government Act 1993, Section 739

l,					
of					
in the State of New South Wales, do solemnly and sincerely decl	are as follows –				
request that my Annual Return of Disclosure of Interests and Other Matters that is available, or is to be made available, for public nspection by or under the Local Government Act 1993 be prepared or amended so as to omit or remove any matter that would disclose, or discloses, my place of living.					
I consider that the disclosure of my place of living would place, or places, my personal safety, or the personal safety of members of my family, at risk for the reason(s) that –					
LIST YOUR REASONS HERE -					
And I make this solemn declaration conscientiously belief the Oaths Act, 1900.	ving the same to be true and by virtue of the provisions of				
Subscribed and declared at:					
Thisday of					
20	My Signature				
before me:					
I	_ a JP for NSW certify				
(Full name of JP)	(JP Registration Number)				
(Tick a box that applies)					
1 I saw the face of the declarant					
☐ I did not see the face of the declarant because he/she had a special justification for not removing	ne/she was wearing a face covering, but I am satisfied that it, and				
(Tick a box that applies)					
2					
☐ I confirmed the person's identity with	(Describe identification decriment valied on (DTO)				
	(Describe identification document relied on [PTO)				
(Signature of JP)	(Date)				





ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE WITH COUNCIL'S GOVERNANCE COORDINATOR

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NOTES FOR COMPLETING THE OPTIONAL STATUTORY DECLARATION

A person's identity can be confirmed with any one of the following approved identification documents, unless the document has expired or been cancelled. However, an Australian passport is acceptable if it expired no more than 2 years ago –

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- a NSW photo card issued under Photo Card Act 2005
- an Australian proof of age card which contains the person's photograph
- an Australian passport (either current or expired less than 2 years ago)
- a passport or similar document with the person's photograph and signature issued by another country or by the United Nations
- a national identity card with the person's photograph and signature issued by another country or the United Nations (with an English language translation if not in English)
- an Australian citizenship certificate
- a foreign citizenship certificate (with an English language translation if not in English)
- a birth certificate or birth extract, whether issued in Australia, another country or by the United Nations (with an English language translation if not in English)
- · a Centrelink pension card
- · a credit card or passbook
- · an account from a bank, building society or credit union, or statement of account up to one year old
- a Medicare card, pension concession card, Department of Veteran's Affairs entitlement card or other entitlement card issued by the Federal or any State Government
- an electoral enrolment card or other evidence of enrolment as an elector up to 2 years old, or
- a student identity card, or a certificate or statement of enrolment up to 2 years old from an educational institution

A copy of an identification document is acceptable if certified as a true copy by:

- any justice of the peace,
- · notary public,
- · commissioner of the court for taking affidavits,
- Australian legal practitioner authorised to take and receive any affidavit,
- the NSW Registrar-General,
- a Deputy Registrar-General,
- or other person by law authorised to administer an oath.

The certifier and the witness cannot be the same person.

