

ANNUAL RETURN 2018 - 2019

DISCLOSURE OF INTERESTS


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-down lists.

MY FULL NAME	GIVEN NAME: ANDREW	SURNAME: BAKER
RETURN PERIOD: 1 JULY 2018 TO 30 JUNE 2019		

A 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 Return Period	Nature of my Interest: Select from the drop-down list 
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MY PLACE(S) OF RESIDENCE:

No: [REDACTED]	Street: [REDACTED]	Lot & DP:	SELECT FROM LIST BELOW OCCUPIER.
Suburb: HARWOOD	State: NSW		
No:	Street:	Lot & DP:	SELECT FROM LIST BELOW
Suburb:	State:		

OTHER REAL PROPERTY POSTAL ADDRESS DETAILS:

No:	Street:	Lot & DP:	SELECT FROM LIST BELOW NIL
Suburb:	State:		
No:	Street:	Lot & DP:	SELECT FROM LIST BELOW NIL
Suburb:	State:		
No:	Street:	Lot & DP:	SELECT FROM LIST BELOW NIL
Suburb:	State:		
No:	Street:	Lot & DP:	SELECT FROM LIST BELOW NIL
Suburb:	State:		
No:	Street:	Lot & DP:	SELECT FROM LIST BELOW NIL
Suburb:	State:		
No:	Street:	Lot & DP:	SELECT FROM LIST BELOW NIL
Suburb:	State:		

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

Please tick if adding an attachment ☐



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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.	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)
COUNCILLOR	CLARENCE VALLEY COUNCIL 2 Prince Street GRAFTON NSW 2460	

2 SOURCES OF MY INCOME FROM A TRUST

(sources of income, *not amounts*, I received from a Trust during the Return Period)

If you have Nothing to Declare, select the word 'Nil' in the adjacent Box



Nil

Select option from this list

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)

- TIPS:**
- a Other Sources of Income may include income from rental property, investments, business activities, welfare payments;
 - b You must include a description sufficient to identify the person, property or business activity from whom, or the circumstances in which, that income was received.

If you have Nothing to Declare, select the word 'Nil' in the adjacent Box



Nil

Select option from this list

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



Nil

Select option from this list

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

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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




Select option from this list

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

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 –
 - 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



Select option from this list

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:

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



Nil Select option from this list

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


E INTERESTS AND POSITIONS IN CORPORATIONS

 **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' in the adjacent Box and move to Section F



Nil Select option from this list

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 OF POSITION (IF ANY) EG DIRECTOR, COMPANY SECRETARY	PRINCIPAL OBJECTS OF CORPORATION (EXCEPT IN CASE OF LISTED COMPANY)

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' in the adjacent Box and move to Section G



Nil Select option from this list

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

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
NIL

MY SIGNATURE:

DATE SIGNED:

15 JULY 2019

NEXT STEPS:

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

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 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: _____

This _____ day 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 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)



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.

