DISCLOSURE OF INTERESTS

ELECTRONICALLY COMPLETE THIS FORM, PRINT HARD COPY, SIGN AND LODGE VIA SCANNED E-MAIL TO governance@wollondilly.nsw.gov.au

MY FULL NAM	E GIVEN NAME:	MATTHEW	SURNAME: DEETH
RETURN DATE		13/12/19	
A REAL PRO	PERTY		
that you had an ir	terest in at the Return Date; (ii)	the Nature of your Interes	f Title, ie Lot and DP (or SP) of properties anywhere in Austra st, ie Owner, Lessee, Beneficiary, Other
OR select the words 'F	Declare, select the word 'Ni efer Below' in the adjacent t elow then move on to Section	зох Э	on B Refer Below
Address of each parce	of real property in which I h	ad an interest at the Re	Nature of my Interest: Select from the drop-down list
MY PLACE(S) OF L	VING (IN WHICH I HAD	AN INTEREST):	
No: Street			Owner
Suburb:		State: NSW	
No: Street			Select from List
Suburb:		State:	
OTHER REAL PRO	PERTY POSTAL ADDRE	SS DETAILS:	
No: Street			Select from List
Suburb:		State:	
No: Street	E 1	· ·	Select from List
Suburb:		State:	
No: Street:			Select from List
Suburb:		State:	
OR OTHER REAL P	ROPERTY PARTICULAI	RS OF TITLE, IE LOT	T AND DP DETAILS:
No: Street:			Select from List
Suburb:		State:	
No: Street:		The state of	Select from List
Suburb:		State:	
No: Street:			Select from List

State:

Suburb:

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B SOURCES OF INCO	ME		
A A TIP: Only provide information when	e the amount of income from an	occupation, a Trust or other source	ce, exceeded \$500.
SOURCES OF MY INCO (sources, not amounts, of incon Return Date and ending on the	ME FROM AN OCCUPAT ne I expect to receive from an following 30 June)	FION(S) occupation in the period com	mencing on the first day after the
Description of my Occupation(s) eg Labourer, Cadet, Project Officer, Manager, etc		Address of Employer or Office held (if applicable)	Name of Partnership (if applicable)
Occupations include: (I) an employee of Co	uncil; (ii) an employee of other organi	sations; (iii) self-employed; (iv) a cons	sultant; (v) an Office holder in a Company
Councillor	Wollondilly Shire Council, 62-64 Menangle St, Picton	NSW 2571	
Account Manager	Bullet Marketing 102/110 F	Pacific Hwy North Sydney	
2 SOURCES OF MY INCO (sources, not amounts, of incon Date and ending on the following)	ne I expect to receive from a	Trust in the period commencin	g on the first day after the Return
If you have Nothing to Declare, select OR select the words 'Refer Below' in enter relevant details below then move	the adjacent Box	ny Income'	NII
NAME AND ADDRESS (Annual Control of the	NAME AND ADD	DRESS OF TRUSTEE
3 OTHER SOURCES OF M (sources, not amounts, of other and ending on the following 30 cm)	income I expect to receive in	the period commencing on the	e first day after the Return Date
	ription sufficient to identify the pe	property, investments, business activities, property or business activities.	ctivities, welfare payments; ty from whom, or the circumstances in
If you have Nothing to Declare, selec		o Section C	
OR select the words 'Refer Below' in enter relevant details below then move			Nil
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C GIFTS			
A A TIP: Only include description of a single gift or mult	tiple gifts from the same dor	or, the total value of which	ch exceeded \$500
If you have Nothing to Declare, select the word 'Nit' OR select the words 'Refer Below' in the adjacent Benter relevant details below then move on to Section	and move on to Section	evillos so se	Nil
If you declare a gift U then you MUST also compl Forms + Templates / Corporate Administration / Gif	lete a Gifts and Benefits	Declaration Form local on Form	ted on Council's Intranet:
DESCRIPTION OF EACH GIFT RECEIVED BY ME SIN THE DATE OF MY LAST RETURN		NAME AND ADDRESS	OF GIFT DONOR
D CONTRIBUTIONS TO TRAVEL			
A A TIP: Do not include payments by Council for your w	State of the state		
If you have Nothing to Declare, select the word 'Nil' and move on to Section E OR select the words 'Refer Below' in the adjacent Box enter relevant details below then move on to Section E		Nil	
If you declare a travel contribution U then you MU Intranet: Forms + Templates / Corporate Administr	JST also complete a Gifts ation / Gifts and Benefits	s and Benefits Declara Declaration Form	tion Form located on Council's
NAME AND ADDRESS OF EACH PERSON WHO MAI GREATER THAN \$250 FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVEL UNDERTAKEN BY SINCE THE DATE OF MY LAST RETURN	ME DATES TR		NAME OF STATES, TERRITORIES OF THE COMMONWEALTH AND OTHER COUNTRIES IN WHICH TRAVEL WAS UNDERTAKEN
E INTERESTS AND POSITIONS	IN CORPORATION	ONS	
A TIPS: (i) Declare only if your shareholding was great Shareholder) you held in a Corporation (including Corporation or the position was a paid position	iter than 10% of voting right g not-for-profit corporation)	is in the corporation (ii) such as Director, whe	You must declare any position (not ther or not you held shares in the
If you have Nothing to Declare, select the word 'Nil' OR select the words 'Refer Below' in the adjacent Benter relevant details below then move on to Section	Box ⊃	F	Nil
If you declare a Position U you held in a Corporation Interests Disclosure Form located on Council's Intra Conflict of Interest – Council Officer	on that had a relationship net: Forms + Templates	o with Council, you ML s / Corporate Administr	IST complete a Conflict of ration / Declaration Form -
NAME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION AT THE RETURN DATE	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)

DISCLOSURE OF INTERESTS

F POSITIONS INTRADE UNIONS OR PROFESSIONAL OR BUSINESS ASSOCIATIONS A 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 on to Section G OR select the words 'Refer Below' in the adjacent Box enter relevant details below then move on 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 THE RETURN DATE DESCRIPTION OF POSITION

G DEBTS		
A A TIP: You do not need to provide information on (i) the a building society, credit union or other financial institution s	amounts of any debts; (ii) debts for less such as for your home mortgage, credit	s than \$500; (iii) debts to any relative, bank, card or department store
If you have Nothing to Declare, select the word 'Nil' and	move on to Section H	
OR select the words 'Refer Below' in the adjacent Box enter relevant details below then move on to Section H	9	Refer Below
NAME AND ADDRESS OF EAC WHOM I WAS LIABLE T	CH PERSON OR ORGANISATION (CRI TO PAY ANY DEBT AT THE RETURN D	EDITOR) TO DATE
NAME OF CREDITOR	ADDRESS OF CREDITOR	
Commonwealth Bank		

H DISPOSITIONS OF REAL PROPERTY

A 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, eg rent from the land.

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

OR select the words 'Refer Below' in the adjacent Box enter relevant details below then move on to Section I



Select from this Drop-Down List

NI

Should you require more detailed explanation on the information to be provided in this Section, you should consult your solicitor

DISCLOSURE OF INTERESTS

	OF MY LAST RETURN AS A R	POSITION OF REAL PROPERTY BY ME A ESULT OF WHICH I RETAINED, EITHER V PERTY OR THE RIGHT TO REACQUIRE	WHOLLY OR IN PART, THE US
No:	Street:	Suburb:	State:
No:	Street:	Suburb:	State:
No:	Street:	Suburb:	State:
No:	Street:	Suburb:	State:

0	DAT	DER ARRANGEMENTS MAI	OSITION OF REAL PROPERTY TO A PE DE BY ME, BEING DISPOSITIONS MA AS A RESULT OF WHICH I OBTAINED I E PROPERTY	DE AT ANY TIME SINCE THE
No:		Street:	Suburb:	State:
No:		Street:	Suburb:	State:
No:		Street:	Suburb:	State:
No:		Street:	Suburb:	State:

I DISCRETIONARY DISCLO	SURES	
A A TIP: To be completed if you wish to	make any additional disclosures	
If you have Nothing to Declare, select the wor	rd 'Nil' in the adjacent Box	Refer Below
Chaiman	National Growth Areas Allian	ce

MY SIGNATURE:	
DATE SIGNED:	13/12/19

NEXT STEPS:

- · Print the form.
- Sign and date this page.
- Ensure that wherever you had nothing to declare, that you have selected the word 'Nil' from the drop-drown menu.
- Your form should then be forwarded via e-mail to governance@wollondilly.nsw.gov.au.

Did you complete the optional Statutory Declaration on the next page? If 'yes' you must list the reasons for completing the form and then have your signature witnessed by a Justice of the Peace.