DISCLOSURE OF INTERESTS

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

MY FUL	L NAME	GIVEN NAME: TO	ONI SU	RNAME: AVERAY
RETURN PERIOD: 1 JULY 2019 TO 30 JUNE			JUNE 2020	
A REA	L PROPI	ERTY		
A Ti	IP: You must in	nclude: (i) either the postal addr	resses OR particulars of Title, ie Luurn Period; (ii) the Nature of your	ot and DP (or SP) of properties anywhere in Australia Interest, ie Owner, Lessee, Beneficiary, Other
OR select ti	he words 'Ref	eclare, select the word 'Nil' are er Below' in the adjacent Box ow then move on to Section E	0	Refer Below
Address of Return Peri		of real property in which I ha	ad an interest at any time du	ning the Nature of my Interest: Select from the drop-down list
MY PLAC	E(S) OF LIV	ING (IN WHICH I HAD AN	NINTEREST):	
No:	Street:			Owner
Suburb:			State: QLD	
No: 23	Street: (GARDEN GROVE		Owner
Suburb: CARRARA			State: QLD	
OTHER R	EAL PROPE	ERTY POSTAL ADDRESS	S DETAILS:	
No:	Street:			Select from List
Suburb:			State:	
No:	Street:		Select from List	
Suburb:			State:	
No:	: Street:		Select from List	
Suburb:			State:	
OR OTHE	R REAL PR	OPERTY PARTICULARS	OF TITLE, IE LOT AND D	P DETAILS:
No: Street:			Select from List	
Suburb:			State:	
No:	Street:		Select from List	
Suburb:			State:	
No:	Street:			Select from List
Suburb: State:				

DISCLOSURE OF INTERESTS

A TIP: Only provide information v	where the amount of incon	ne from an occupation, a Trust or other	her source, exceeded \$500.
□ 1 SOURCES OF MY INCO	ME FROM AN OCC		
Description of my Occupation(s) eg Labourer, Cadet, Project Officer, Manager, etc	Name a	and Address of Employer or n of Office held (if applicable)	Name of Partnership (if applicable)
Occupations include: (i) an employee of Cou	incil; (ii) an employee of othe	rorganisations; (iii) self-employed; (iv) a	a consultant; (v) an Office holder in a Company
EXECUTIVE OFFICER	Wollondilly Shire Cou 62-64 Menangle Stre PICTON NSW 257	et	
2 SOURCES OF MY INCOI	ME FROM A TRUST	Trust during the Return Period,	
f you have Nothing to Declare, select DR select the words 'Refer Below' in senter relevant details below then mov	the word 'Nil' and mov the adjacent Box	e on to Section C	Nil
NAME AND ADDRESS O		NAME AND A	ADDRESS OF TRUSTEE
Other Sources of Incom b You must include a des	ot amounts, I received a e may include income from cription sufficient to identifi	at any time during the Return Penn rental property, investments, busing the person, property or business	
which, that income was f you have Nothing to Declare, select DR if you are Declaring an Interest, so	received. t the word 'Nil' in the ad	djacent Box	Select from this Drop-Down Lis
MILITARY PENSION		DEPARTMENT OF DEFE	NCE
RENT		TENANTS	
C GIFTS			
A TIP: Only include description of	a single gift or multiple gif	ts from the same donor, the total va	lue of which exceeded \$500
you have Nothing to Declare, selection D OR if you are Dec	t the word 'Nil' in the ac	ljacent Box	Nil
f you declare a gift $ oldsymbol{0} $ then you MUS Forms + Templates / Corporate Admir	T also complete a Gifts histration / Gifts and Be	s and Benefits Declaration Form	n located on Council's Intranet:
DESCRIPTION OF EACH GIFT RECEIVE TIME DURING THE RETURN		NAME AND ADDR	RESS OF GIFT DONOR

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 'Ni and go to Section E OR if you are Declaring an Inte	i' in the adjacent Box rest, select the words 'Re	efer below'	Nil
If you declare a travel contribution then you MU Intranet: Forms + Templates / Corporate Administr	JST also complete a Gifts ation / Gifts and Benefits	s and Benefits Declara	ation 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 DURING THE RETURN PERIOD	ME DATES TR	AVEL WAS TAKEN	NAME OF STATES, TERRITORIES OF THE COMMONWEALTH AND OTHER COUNTRIES IN WHICH TRAVEL WAS UNDERTAKEN
↑ TIPS	IN CORPORATION		
or the position was a paid position f you have Nothing to Declare, select the word 'Nil and go to Section F OR if you are Declaring an Interference of you declare a Position you held in a Corporation	eater than 10% of voting rig t-for-profit corporation) such in the adjacent Box rest, select the words 'Re	hts in the corporation (i as Director, whether or refer below'	Nil
TIPS: (i) Declare only if your shareholding was gr Shareholder) you held in a Corporation (including no or the position was a paid position If you have Nothing to Declare, select the word 'Nil and go to Section F OR if you are Declaring an Inter f you declare a Position you held in a Corporation terests Disclosure Form located on Council's Intra Conflict of Interest – Council Officer	eater than 10% of voting rig t-for-profit corporation) such in the adjacent Box rest, select the words 'Re	hts in the corporation (i as Director, whether or refer below'	Nil
or the position was a paid position f you have Nothing to Declare, select the word 'Nil and go to Section F OR if you are Declaring an Interference of you declare a Position of you held in a Corporation of you declare a Position of you held in a Corporation of you declare a Position of you held in a Corporation of you held in a Corporation of your declare a Position of your held in a Corporation of your declare a Position of your held in a Corporation of your declare a Position of your held in a Corporation of your held in a Corporation of the	eater than 10% of voting rig t-for-profit corporation) such in the adjacent Box rest, select the words 'Re	hts in the corporation (i as Director, whether or refer below'	Nil
or the position was a paid position f you have Nothing to Declare, select the word 'Nil and go to Section F OR if you are Declaring an Interest of you declare a Position of you held in a Corporation of the position of the	eater than 10% of voting rig t-for-profit corporation) such in the adjacent Box rest, select the words 'Re on that had a relationship net: Forms + Templates	hts in the corporation (in as Director, whether or not see that is a Director of the Dire	Nil JST complete a Conflict of ration / Declaration Form - PRINCIPAL OBJECTS OF CORPORATION (EXCEPT IN
or the position was a paid position If you have Nothing to Declare, select the word 'Nill and go to Section F OR if you are Declaring an Intelest of you declare a Position of you held in a Corporation of the position of t	eater than 10% of voting rig t-for-profit corporation) such in the adjacent Box rest, select the words 'Reson that had a relationship net: Forms + Templates NATURE OF INTEREST (IF ANY) EG SHAREHOLDER	hts in the corporation (if as Director, whether or respect to the property of	Nil UST complete a Conflict of ration / Declaration Form - PRINCIPAL OBJECTS OF CORPORATION (EXCEPT IN CASE OF LISTED COMPANY)
or the position was a paid position If you have Nothing to Declare, select the word 'Nil and go to Section F OR if you are Declaring an Interests Disclosure Form located on Council's Intra Conflict of Interest – Council Officer NAME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION AT ANY TIME DURING THE RETURN PERIOD	eater than 10% of voting rig t-for-profit corporation) such in the adjacent Box rest, select the words 'Reson that had a relationship net: Forms + Templates NATURE OF INTEREST (IF ANY) EG SHAREHOLDER	hts in the corporation (if as Director, whether or refer below) with Council, you ML / Corporate Administr DESCRIPTION OF POSITION (IF ANY) EG DIRECTOR, COMPANY SECRETARY	NII JST complete a Conflict of ration / Declaration Form - PRINCIPAL OBJECTS OF CORPORATION (EXCEPT IN CASE OF LISTED COMPANY) NESS ASSOCIATION

AT ANY TIME DURING THE RETURN PERIOD

DESCRIPTION OF POSITION

DISCLOSURE OF INTERESTS

G DEE	BTS		
A TIF	You do not need to provide information on g society, credit union or other financial institu	(i) the amounts of any debts; (ii) debts for less ution such as for your home mortgage, credit ca	than \$500; (iii) debts to any relative, bank, and or department store
If you have	Nothing to Declare, select the word 'Nil Section H OR if you are Declaring an Inte	in the adjacent Box	Nil
NAME AN	D ADDRESS OF EACH PERSON OR ORGA	NISATION (CREDITOR) TO WHOM I WAS LIADURING THE RETURN PERIOD	BLE TO PAY ANY DEBT AT ANY TIME
	NAME OF CREDITOR		SS OF CREDITOR
W	POSITIONS OF REAL PRO You must disclose details:	PERTY	
gra mo gra sale oreat creat trans	nt of a lease or licence for all or part of the lar rtgage over your land, int of easement over land by which you retain e of land (or grant of option by you) with (i) a lecovenant over the land in favour of you ion of an option to purchase land in favour of ion by you of a charge over your land; fer by you of an interest in your land to a Trus	the ability to use the land, ease or licence granted to you or a right for you you; stee of a Trust of which you are a beneficiary; o a third party whereby you continue to occurry	to repurchase the land, (ii) or an easement
If you have and go to S	Nothing to Declare, select the word 'Nil' ection I OR if you are Declaring an Intere	in the adjacent Box sest, select the words 'Refer below'	Nil
Should yo	u require more detailed explanation on t	he information to be provided in this Section	on, you should consult your solicitor
RE	TURN PERIOD AS A RESULT OF	TION OF REAL PROPERTY BY M WHICH I RETAINED, EITHER WHOL IE RIGHT TO REACQUIRE THE PRO	LY OR IN PART, THE USE AND
No:	Street:	Suburb:	State:
No:	Street:	Suburb:	State:
No:	Street:	Suburb:	State:
No:	Street:	Suburb:	State:
UN RE	IDER ARRANGEMENTS MADE B	ION OF REAL PROPERTY TO A PE Y ME, BEING DISPOSITIONS MAD WHICH I OBTAINED EITHER WHOL	E AT ANY TIME DURING THE
No:	Street:	Suburb:	State:
No:	Street:	Suburb:	State:
No:	Street:	Suburb:	State:
No:	Street:	Suburb:	State:

DISCLOSURE OF INTERESTS

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 OR if you are Declaring an Interest, select the words 'Refer below'	Nil
and go to Sign and Date to complete this Return OR if you are Declaring an Interest, select	Nil

MY SIGNATURE:	
DATE SIGNED:	26/9/20

NEXT STEPS:

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