# 2019 - 2020 ANNUAL RETURN 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	FULL NAME GIVEN NAME: NORMA SURNAM			RNAME: TOWEEL
		RETURN PERIOD:	1 JULY 2019 TO 30	JUNE 2020
A REA	L PROPE	RTY		
	alia that you ha			, ie Lot and DP (or SP) of properties anywhere in ture of your Interest, ie Owner, Lessee, Beneficiary,
If you have I OR select th	Nothing to De e words 'Refe	clare, select the word 'Nil' and er Below' in the adjacent Box ow then move on to Section B	move on to Section B	Select from this Drop-Down List Refer below
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	E(S) OF LIV	NG (IN WHICH I HAD AN I	NTEREST):	
No:	Streets			Owner
Suburb		State: NSW		
No: 40A	Street: D	Outton Street		Lessee
Suburb: Spring Farm			State: NSW	
OTHER RE	EAL PROPE	RTY POSTAL ADDRESS I	DETAILS:	
No: 514	No: 514 Street: Currawong Circuit		Owner	
Suburb: Ca	ms Wharf		State: NSW	
No:	Street:		Select from List	
Suburb:			State:	
No:	Street: Select from		Select from List	
Suburb:			State:	
OR OTHER	R REAL PRO	OPERTY PARTICULARS O	F TITLE, IE LOT AND D	P DETAILS:
No: Street:			Select from List	
Suburb:	- 12		State:	
No:	: Street:		Select from List	
Suburb:			State:	
No:	Street:			Select from List
Suburb:			State:	

# **DISCLOSURE OF INTERESTS**

I DE A TID! Only manufact to form and	hara the same of the	the first of the second second	an awardad trop
A TIP: Only provide information wi	here the amount of inc	come from an occupation, a Trust or other sour	ce, exceeded \$500.
1 SOURCES OF MY INCOM (sources, not amounts, of inc		CUPATION(S) or my Occupation(s) at any time during the	Return Period)
Description of my Occupation(s) eg Labourer, Cadet, Project Officer, Manager, etc  Name and Address of Employer or Description of Office held (if applicable)		Name of Partnership (if applicable)	
Occupations include: (i) an employee of Cour	ncil; (ii) an employee of o	ther organisations; (iii) self-employed; (iv) a consulta	nt; (v) an Office holder in a Company
nfrastructure Coordinator	Wollondilly Shire 0 62-64 Menangle S PICTON NSW 2	treet	
N. A. COURCES OF MY INCOM	4F FDOM A TOU		
	ounts, I received from	m a Trust during the Return Period)	
f you have Nothing to Declare, select DR select the words 'Refer Below' in t enter relevant details below then move	he adjacent Box	nove on to Section C	Nil
NAME AND ADDRESS O  A TIP: The 'Settlor' is the name of a		NAME AND ADDRE	SS OF TRUSTEE
Other Sources of Income b You must include a desc	ot amounts, I receive e may include income cription sufficient to ide	ed at any time during the Return Period) from rental property, investments, business activity	
which, that income was in you have Nothing to Declare, select DR if you are Declaring an Interest, se	t the word 'Nil' in the		Nil
C GIFTS			
01110	a single gift or multiple	e gifts from the same donor, the total value of w	hich exceeded \$500
2400			
A TIP: Only include description of	t the word 'Nil' in the		Nil
A TIP: Only include description of figure 1. A TIP: Only include	t the word 'Nil' in the claring an Interest, s T also complete a 0	elect the words 'Refer below'  Gifts and Benefits Declaration Form locate	

### DISCLOSURE OF INTERESTS

D CONTRIBUTIONS TO TRAVEL		
A TIP: Do not include payments by Council for your work-re	elated travel	
If you have Nothing to Declare, select the word 'Nil' in the a and go to Section E OR if you are Declaring an Interest, sele	adjacent Box ect the words 'Refer below'	Nil
If you declare a travel contribution <b>U</b> then you MUST also Intranet: Forms + Templates / Corporate Administration / G	complete a Gifts and Benefits Diffs and Benefits Declaration For	eclaration Form located on council's m
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 CO		
TIPS: (i) Declare only if your shareholding was greater the (not Shareholder) you held in a Corporation (including not-Corporation or the position was a paid position	nan 10% of voting rights in the corp for-profit corporation) such as Direc	oration (ii) You must declare any positi ctor, whether or not you held shares in t
If you have Nothing to Declare, select the word 'Nil' in the a	adjacent Box ect the words 'Refer below'	Nil

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	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)

# T TO SET ON THE SET OF THE SET OF

# 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 go to Section G OR if you are Declaring an Interest, select the words '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

### **DISCLOSURE OF INTERESTS**

G DE	BTS				
A TI bank,	P: You do not need to provide information building society, credit union or other finance	n on (i) the amounts of any debts; (ii) debts for le	ess than \$500; (iii) debts to any relative, dit card or department store		
	e Nothing to Declare, select the word ' Section H OR if you are Declaring an Ir		Nil		
NAME AN	ID ADDRESS OF EACH PERSON OR ORG	SANISATION (CREDITOR) TO WHOM I WAS LIAB DURING THE RETURN PERIOD	SLE TO PAY ANY DEBT AT ANY TIME		
	NAME OF CREDITOR	ADDRES	ADDRESS OF CREDITOR		
H DIS	POSITIONS OF REAL PR	OPERTY			
• m • gr • sa • crea • crea • tran • tran	asement or covenant over the land in favour ation of an option to purchase land in favour ation by you of a charge over your land; sfer by you of an interest in your land to a T sfer of land to your spouse or by your spous sfer of title of your land subject to you contine Nothing to Declare, select the word 'I	ain the ability to use the land,  (i) a lease or licence granted to you or a right for of you of you;  of you;  rustee of a Trust of which you are a beneficiary;  se to a third party whereby you continue to occupy the to receive a benefit, eg rent from the land.  Nill' in the adjacent Box			
	Section I OR if you are Declaring an Int				
⇒ 1 P R A	ARTICULARS OF EACH DISPOSETURN PERIOD AS A RESULT	SITION OF REAL PROPERTY BY ME OF WHICH I RETAINED, EITHER WH TY OR THE RIGHT TO REACQUIRE TO	E AT ANY TIME DURING THE OLLY OR IN PART, THE USE		
No:	Street:	Suburb:	State:		
No:	Street:	Suburb:	State:		
No:	Street:	Suburb:	State:		
No:	Street:	Suburb:	State:		
U R	NDER ARRANGEMENTS MADE	ITION OF REAL PROPERTY TO A PEI BY ME, BEING DISPOSITIONS MADE OF WHICH I OBTAINED EITHER WH Y	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

MY SIGNATURE:	Ø	
DATE SIGNED:		6 July 2020

#### **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.

 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.