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 FU	LL NAME GIVEN NAME: S	TEPHEN SURNAM	IE: HORNE	
	RETURN PERIO	D: 1 JULY 2019 TO 30 JUNE	2020	
A RE	AL PROPERTY			
Aus Oth	TIP: You must include: (i) either the posta tralia that you had an interest in at any time do	al addresses OR particulars of Title, ie Lot a uring the Return Period; (ii) the Nature of you	nd DP (or SP) of properties anywhere in ur Interest, ie Owner, Lessee, Beneficiary	
If you have OR select	Nothing to Declare, select the word 'Nil' a the words 'Refer Below' in the adjacent Be rant details below then move on to Section	ox S	Nil	
Address o Return Pe	f each parcel of real property in which I riod	had an interest at any time during the	Nature of my Interest: Select from the drop-down list	
MY PLAC	CE(S) OF LIVING (IN WHICH I HAD A	AN INTEREST):		
No:	Street:		Owner	
Suburb:	1	State: NSW		
No:	Street:		Select from List	
Suburb:		State:		
OTHER I	REAL PROPERTY POSTAL ADDRES	SS DETAILS:		
No:	Street:		Select from List	
Suburb:		State:		
No:	Street:		Select from List	
Suburb:		State:		
No:	Street:		Select from List	
Suburb:		State:		
OR OTH	ER REAL PROPERTY PARTICULAR	S OF TITLE, IE LOT AND DP DETA	ILS:	
No:	Street:		Select from List	
Suburb:		State:		
No:	Street:		Select from List	
Suburb:		State:		
No:	Street:		Select from List	
Suburb:		State:		

2019-2020 ANNUAL RETURN

DISCLOSURE OF INTERESTS

A TIP: Only provide information w	here the amount of income fro	m an occupation, a Trust or other source,	exceeded \$500.
1 SOURCES OF MY INCOI		TION(S) ccupation(s) at any time during the Re	eturn Period)
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 Cou	ncil; (ii) an employee of other orga	nisations; (iii) self-employed; (iv) a consultant;	(v) an Office holder in a Company
ARIC Member	Wollondilly Shire Council 62-64 Menangle Street PICTON NSW 2571		
Consultant	Checks Balances & Integ	rity Pty Ltd	Principal
2 SOURCES OF MY INCO		ant during the Poture Poriod)	
f you have Nothing to Declare, select DR select the words 'Refer Below' in enter relevant details below then mov	the word 'Nil' and move on the adjacent Box		Nil
NAME AND ADDRESS O	or offer on		
A TIP: The 'Settlor' is the name of	The state of the s	NAME AND ADDRESS	S OF TRUSTEE
3 OTHER SOURCES OF M (sources of other income, no	a person who created the Trust IY INCOME of amounts, I received at an	ny time during the Return Period) ntal property, investments, business activit	ies, welfare payments;
3 OTHER SOURCES OF M (SOurces of other income, no	IY INCOME of amounts, I received at an arrection sufficient to identify the received.	ny time during the Return Period) Intal property, investments, business activity person, property or business activity from the Box	ies, welfare payments;
3 OTHER SOURCES OF M (Sources of other income, not) TIPS: a Other Sources of Income b You must include a des which, that income was If you have Nothing to Declare, select	IY INCOME of amounts, I received at an arrection sufficient to identify the received.	ny time during the Return Period) Intal property, investments, business activity person, property or business activity from the Box	ies, welfare payments; n whom, or the circumstance
3 OTHER SOURCES OF M (Sources of other income, not) b You must include a des which, that income was f you have Nothing to Declare, select	IY INCOME of amounts, I received at an arrection sufficient to identify the received.	ny time during the Return Period) Intal property, investments, business activity person, property or business activity from the Box	ies, welfare payments; n whom, or the circumstance
3 OTHER SOURCES OF M (sources of other income, no b You must include a des which, that income was f you have Nothing to Declare, select OR if you are Declaring an Interest, se	IY INCOME of amounts, I received at an arrective are may include income from received. It the word 'Nil' in the adjace elect the words 'Refer below	ny time during the Return Period) Intal property, investments, business activity person, property or business activity from the Box	ies, welfare payments; n whom, or the circumstance Nil
3 OTHER SOURCES OF M (Sources of other income, no ETIPS: a Other Sources of Income b You must include a des which, that income was f you have Nothing to Declare, select OR if you are Declaring an Interest, so C GIFTS A TIP: Only include description of f you have Nothing to Declare, select	IY INCOME of amounts, I received at an e may include income from rer cription sufficient to identify the received. It the word 'Nil' in the adjace elect the words 'Refer below of a single gift or multiple gifts fro	any time during the Return Period) Intal property, investments, business activity from the person, property or business activity from the same donor, the total value of which the period of the same donor, the total value of which the period of the perio	ies, welfare payments; n whom, or the circumstance Nil
3 OTHER SOURCES OF M (sources of other income, no b You must include a des which, that income was f you have Nothing to Declare, select OR if you are Declaring an Interest, so C GIFTS A TIP: Only include description of f you have Nothing to Declare, select and go to Section D OR if you are Declare,	a person who created the Trust IY INCOME of amounts, I received at an ine may include income from rer cription sufficient to identify the received. It the word 'Nil' in the adjace elect the words 'Refer below if a single gift or multiple gifts fro that the word 'Nil' in the adjace claring an Interest, select the ST also complete a Gifts an	any time during the Return Period) Intal property, investments, business activity from the person, property or business activity from the Box In the same donor, the total value of which the same donor, the total value of which the words 'Refer below' In the same donor, the total value of which the words 'Refer below' In the same donor, the total value of which the words 'Refer below'	ies, welfare payments; n whom, or the circumstance Nil h exceeded \$500



2019-2020 ANNUAL RETURN 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		Nil
If you declare a travel contribution 🔱 then you MUST also Intranet: Forms + Templates / Corporate Administration / Gi	complete a Gifts and Benefits D fts and Benefits Declaration For	eclaration Form located on council's
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
		1
E INTERESTS AND POSITIONS IN CO	RPORATIONS	
TIPS: (i) Declare only if your shareholding was greater the (not Shareholder) you held in a Corporation (including not-for Corporation or the position was a paid position	an 10% of voting rights in the corpor- or-profit corporation) such as Direc	oration (ii) You must declare any position to, whether or not you held shares in the
If you have Nothing to Declare, select the word 'Nil' in the a and go to Section F OR if you are Declaring an Interest, sele		Nil

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)
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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 Nil 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

2019-2020 ANNUAL RETURN

DISCLOSURE OF INTERESTS

G DE			Section Specification and the Control of the Contro
bank,	You do not need to provide informati- building society, credit union or other final	on on (i) the amounts of any debts; (ii) debts for londing and institution such as for your home mortgage, cred	ess than \$500; (iii) debts to any relative, dit card or department store
	Nothing to Declare, select the word section H OR if you are Declaring an	'Nil' in the adjacent Box Interest, select the words 'Refer below'	Nil
NAME AN	D ADDRESS OF EACH PERSON OR OF	RGANISATION (CREDITOR) TO WHOM I WAS LIAB DURING THE RETURN PERIOD	ILE TO PAY ANY DEBT AT ANY TIME
	NAME OF CREDITOR	ADDRES	S OF CREDITOR
H DIS	POSITIONS OF REAL PI	ROPERTY	
e me grees gas sa crea crea trans trans	sement or covenant over the land in favor tion of an option to purchase land in favor tion by you of a charge over your land; afer by you of an interest in your land to a afer of land to your spouse or by your spo afer of title of your land subject to you con	etain the ability to use the land, th (i) a lease or licence granted to you or a right for ur of you ur of you; Trustee of a Trust of which you are a beneficiary; use to a third party whereby you continue to occupy to tinuing to receive a benefit, eg rent from the land.	
	Nothing to Declare, select the word Section I OR if you are Declaring an In	'Nil' in the adjacent Box nterest, select the words 'Refer below'	Nil
Should y	ou require more detailed explanation	on the information to be provided in this Section	n, you should consult your solicitor
R	ETURN PERIOD AS A RESULT	OSITION OF REAL PROPERTY BY ME T OF WHICH I RETAINED, EITHER WH RTY OR THE RIGHT TO REACQUIRE	IOLLY OR IN PART, THE USE
No:	Street:	Suburb:	State:
No:	Street:	Suburb:	State:
No:	Street:	Suburb:	State:
No:	Street:	Suburb:	State:
UR	NDER ARRANGEMENTS MAD	SITION OF REAL PROPERTY TO A PE E BY ME, BEING DISPOSITIONS MADI T OF WHICH I OBTAINED EITHER WH TY	E AT ANY TIME DURING THE
No:	Street:	Suburb:	State:
No:	Street:	Suburb:	State:
No:	Street:	Suburb:	State:
No:	Street:	Suburb:	State:

2019-2020 ANNUAL RETURN

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:		
DATE SIGNED:	13 July 2020	- 1

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.

