MY FULL NAME

DISCLOSURE OF INTERESTS

SURNAME: PISCIONERI

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

GIVEN NAME: MICHELE

RETUR	RN DATE	** 1/7/19 +o ** The date you commenced your Employment, or Appoil OR the date you commenced Acting in the	ntment, at Wollondilly Shire Council
A RE	AL PROPER	TY	
AT that	IP: You must includ you had an interest	e: (i) either the postal addresses OR particulars of Title, ie Lot and in at the Return Date; (ii) the Nature of your Interest, ie Owner, Les	DP (or SP) of properties anywhere in Australia see, Beneficiary, Other
OR select	the words 'Refer E	re, select the word 'Nil' and move on to Section B elow' in the adjacent Box hen move on to Section B	Nil
Address of	each parcel of re	Nature of my Interest: Select from the drop-down list	
MY PLAC	E(S) OF LIVING	(IN WHICH I HAD AN INTEREST):	
No:	Street:		Select from List
Suburb:		State:	
No:	Street:		Select from List
Suburb:		State:	
OTHER R	EAL PROPERT	Y POSTAL ADDRESS 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 PROP	ERTY PARTICULARS OF TITLE, IE LOT AND DP DE	ETAILS:
No:	Street:		Select from List
Suburb:		State:	
No:	Street:	4	Select from List
Suburb:		State:	
No:	Street:		Select from List
Suburb:		State:	

DISCLOSURE OF INTERESTS

B SOURCES OF INCO	ME		
A TIP: Only provide information w	nere the amount of income from an	occupation, a Trust or other sourc	e, is expected to exceed \$500.
			mmencing on the first day after
Description of my Occupation(s) eg Labourer, Cadel, 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 Co	uncil; (ii) an employee of other organisa	tions; (iii) self-employed; (iv) a consul	tant; (v) an Office holder in a Company
Acting Manager Wollondilly Shire Council 62-64 Menangle Street Picton NSW 2571			
Governance			
If you have Nothing to Declare, select OR select the words 'Refer Below' in enter relevant details below then mo NAME AND ADDRESS A TIP: The 'Settlor' is the name of a	the adjacent Box ve on to '3. Other Sources of m OF SETTLOR		Nil RESS OF TRUSTEE
and ending on the following	ther income I expect to receive 30 June)		the first day after the Return Date
TIPS: a Other Sources of Income b You must include a deso which, that income was r	cription sufficient to identify the per	operty, investments, business activity son, property or business activity	ivities, welfare payments; from whom, or the circumstances i
f you have Nothing to Declare, sele OR select the words 'Refer Below' in enter relevant details below then mo	the adjacent Box	o Section C	Nil

DISCLOSURE OF INTERESTS

C INTERESTS AND POSITIONS	IN CORPORATIO	NS		
TIPS: (i) Declare only if your shareholding was green Shareholder) you held in a Corporation (including Corporation or the position was a paid position	eater than 10% of voting right g not-for-profit corporation)	s in the corporation (ii) such as Director, whet	You must declare any position (not her or not you held shares in the	
If you have Nothing to Declare, select the word 'Ni	I' and move on to Section	D		
OR select the words 'Refer Below' in the adjacent Box enter relevant details below then move on to Section D			Nil	
If you declare a Position U you held in a Corporati Interests Disclosure Form located on Council's Intra Conflict of Interest – Council Officer	ion that had a relationship anet: Forms + Templates	with Council, you MU/ Corporate Administra	ST complete a Conflict of ation / 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)	
D POSITIONS IN TRADE UNIONS				
A TIP: Do not include general membership but incl			d or not	
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 5	E	Nit	
NAME OF EACH TRADE UNION AND EACH PROFE IN WHICH I HELD ANY POSITION (WHETH AT THE RETURN	HER REMUNERATED OR NO	SSOCIATION OT)	DESCRIPTION OF POSITION	
F DEDTO				
E DEBTS				
A TIP: You do not need to provide information on (i building society, credit union or other financial institu) the amounts of any debts; ition such as for your home m	(ii) debts for less than \$ nortgage, credit card or o	:500; (iii) debts to any relative, bank, department store	
f you have Nothing to Declare, select the word 'Nil' and move on to Section F OR select the words 'Refer Below' in the adjacent Box Phil senter relevant details below then move on to Section F		Nii		
	OF EACH PERSON OR ORG ABLE TO PAY ANY DEBT AT		R)	
NAME OF CREDITOR		ADDRESS OF CREDITOR		

DISCLOSURE OF INTERESTS

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 OR select the words 'Refer Below' in the adjacent Box enter relevant details below and then Print, Sign and Date this Form	NII

MY SIGNATURE:	Ø		
DATE SIGNED:	4.9.19		

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.