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 FUI	LL NAME GIVEN NAME: S	SASHA SL	JRNAME: RYAN
	RETURN PERIO	D: 1 JULY 2019 TO 3	0 JUNE 2020
A REA	AL PROPERTY		
訟 AT	IP: You must include: (i) either the postal ac you had an interest in at any time during the R	ddresses OR particulars of Title, ie Leturn Period; (ii) the Nature of you	ot and DP (or SP) of properties anywhere in Australia Interest, ie Owner, Lessee, Beneficiary, Other
OR select t	Nothing to Declare, select the word 'Nil' the words 'Refer Below' in the adjacent B ant details below then move on to Section	ox ⊃	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 PLAC	E(S) OF LIVING (IN WHICH I HAD A	AN INTEREST):	
No:	Street:	Owner	
Suburb		State: NSW	
No:	Street:		Select from List
Suburb:		State:	
OTHER R	EAL PROPERTY POSTAL ADDRES	SS DETAILS:	
No:	Street:		Select from List
Suburb:		State:	
No:	No: Street:		Select from List
Suburb:		State:	
No:	No: Street:		Select from List
Suburb:		State:	
OR OTHE	R REAL PROPERTY PARTICULAR	S 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

W/	ME		and the second
A TIP: Only provide information v	where the amount of income from	n an occupation, a Trust or other s	ource, exceeded \$500.
1 SOURCES OF MY INCO (sources, not amounts, of inc	ME FROM AN OCCUPA'	TION(S) cupation(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		Name of Partnership (if applicable)
Occupations include: (i) an employee of Cou	uncil; (ii) an employee of other organ	nisations; (lii) self-employed; (iv) a con-	sultant; (v) an Office holder in a Company
an employee of Council Wollondilly Shire Council 62-64 Menangle Street PICTON NSW 2571			
SOURCES OF MY INCO (sources of income, not am		st during the Return Period)	
If you have Nothing to Declare, select OR select the words 'Refer Below' in enter relevant details below then move	t the word 'Nil' and move on the adjacent Box		Nil
NAME AND ADDRESS OF SETTLOR A TIP: The 'Settlior' is the name of a person who created the Trust NAME AND A		DDRESS OF TRUSTEE	
		y time during the Return Perio	4)
(sources of other income, notice that the sources of locome) b You must include a design of the sources of locome.	not amounts, I received at an me may include income from ren scription sufficient to identify the	y time during the Return Period tal property, investments, business person, property or business acti	s activities, welfare payments;
(sources of other income, n	not amounts, I received at an me may include income from ren scription sufficient to identify the preceived. ct the word 'Nil' in the adjace	tal property, investments, business person, property or business actions that Box	The state of the s
(sources of other income, notice that it is not to be a compared by You must include a deswhich, that income was lif you have Nothing to Declare, select	not amounts, I received at an me may include income from ren scription sufficient to identify the preceived. ct the word 'Nil' in the adjace	tal property, investments, business person, property or business actions that Box	s activities, welfare payments; vity from whom, or the circumstances
(sources of other income, notice that it is not to be a compared to be a c	not amounts, I received at an me may include income from ren scription sufficient to identify the preceived. ct the word 'Nil' in the adjace	tal property, investments, business person, property or business actions that Box	s activities, welfare payments; vity from whom, or the circumstances
(sources of other income, notice that income is a context of the c	not amounts, I received at an me may include income from ren scription sufficient to identify the preceived. ct the word 'Nil' in the adjace	tal property, investments, business person, property or business actions that Box	s activities, welfare payments; vity from whom, or the circumstances
(sources of other income, notice that income is the sources of income is the source income	ne may include income from ren scription sufficient to identify the screeived. ct the word 'Nil' in the adjace select the words 'Refer below	tal property, investments, business person, property or business activent Box	s activities, welfare payments; vity from whom, or the circumstances Nil
(sources of other income, notice that income is the sources of lincome was income was income was income in the source of sources of lincome was income in the source of lincome income in	ne may include income from ren scription sufficient to identify the received. It the word 'Nil' in the adjace select the words 'Refer below If a single gift or multiple gifts fro	tal property, investments, business person, property or business activent Box	s activities, welfare payments; vity from whom, or the circumstances Nil
(sources of other income, notice that income is a contract of the contract of	ne may include income from ren scription sufficient to identify the received. In the word 'Nil' in the adjace select the words 'Refer below f a single gift or multiple gifts from the word 'Nil' in the adjace sclaring an Interest, select the ST also complete a Gifts and	tal property, investments, business person, property or business activent Box on the same donor, the total value ant Box e words 'Refer below' d Benefits Declaration Form load	s activities, welfare payments; vity from whom, or the circumstances Nil of which exceeded \$500 Nil

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		efer below	Nil
If you declare a travel contribution U then you MU Intranet: Forms + Templates / Corporate Administr			ration 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: (i) Declare only if your shareholding was grant Shareholder) you held in a Corporation (including no or the position was a paid position If you have Nothing to Declare, select the word 'Nile and go to Section F OR if you are Declaring an Inte	t-for-profit corporation) such	as Director, whether o	r not you held shares in the Corporation
If you declare a Position U you held in a Corporati Interests Disclosure Form located on Council's Intra Conflict of Interest – Council Officer	on that had a relationship	with Council, you N	
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, COMPAI SECRETARY	() PRINCIPAL OBJECTS OF
F POSITIONS IN TRADE UNIONS	266145430063400	2.00 (10.00) (10.00)	DATE BOARD DE DATORIA
A TIP: Do not include general membership but in		s held whether remune	rated or not
f you have Nothing to Declare, select the word 'Nil and go to Section G OR if you are Declaring an Inte		efer below'	Nil
NAME OF EACH TRADE UNION AND EACH PROFE IN WHICH I HELD ANY POSITION (WHETH	SSIONAL OR BUSINESS	ASSOCIATION	DESCRIPTION OF POSITION

DISCLOSURE OF INTERESTS

G DEE	BTS		
	You do not need to provide information on (i) the amoun g society, credit union or other financial institution such as f		
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and go to Section H OR if you are Declaring an Interest, select the words 'Refer below'			Nil
NAME AN	D ADDRESS OF EACH PERSON OR ORGANISATION (C DURING THE	REDITOR) TO WHOM I WAS LIA	ABLE TO PAY ANY DEBT AT ANY TIME
NAME OF CREDITOR		ADDRESS OF CREDITOR	
H DIS	POSITIONS OF REAL PROPERTY		
disp gr me gr sa or crea crea trans trans	ach disposal of real property by other persons or entities who sal includes — ant of a lease or licence for all or part of the land, ortgage over your land, ant of easement over land by which you retain the ability to le of land (or grant of option by you) with (i) a lease or licenc covenant over the land in favour of you tion of an option to purchase land in favour of you; tion by you of a charge over your land; sfer by you of an interest in your land to a Trustee of a Truster of land to your spouse or by your spouse to a third parts of title of your land subject to you continuing to receive	use the land, e granted to you or a right for you t of which you are a beneficiary; y whereby you continue to occup a benefit, eg rent from the land.	to repurchase the land, (ii) or an easemen
	Nothing to Declare, select the word 'Nil' in the adjac Section I OR if you are Declaring an Interest, select the		Nil
Should y	ou require more detailed explanation on the informati	on to be provided in this Sect	ion, you should consult your solicitor
R	ARTICULARS OF EACH DISPOSITION OF ETURN PERIOD AS A RESULT OF WHICH I F ENEFIT OF THE PROPERTY OR THE RIGHT	RETAINED, EITHER WHO	LLY OR IN PART, THE USE AND
No:	Street:	Suburb:	State:
No:	Street:	Suburb:	State:
No:	Street:	Suburb:	State:
No:	Street:	Suburb:	State:
U	ARTICULARS OF EACH DISPOSITION OF R NDER ARRANGEMENTS MADE BY ME, BE ETURN PERIOD, AS A RESULT OF WHICH I ENEIFIT OF THE PROPERTY	ING DISPOSITIONS MAI	DE 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 addition	onal disclosures
If you have Nothing to Declare, select the word 'Nil' in the adjacen and go to Sign and Date to complete this Return OR if you are Dec the words 'Refer below'	

MY SIGNATURE:		
DATE SIGNED:	16/9/2020	

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.