DISCLOSURE OF INTERESTS

ELECTRONICALLY COMPLETE THIS FORM, CREATE PDF COPY, ADD YOUR SIGNATURE AND FORWARD VIA E-MAIL TO governance@wollondilly.nsw.gov.au

MY FU	LL NAME	GIVEN NAME: KYLE	SURN	IAME: SLOANE
RETURN PERIOD: 1 JULY 2020 TO 30 JUNE		JNE 2021		
A REA	AL PROPE	RTY		
從 AT	IP: You must in	nclude: (i) either the postal addresse est in at any time during the Return P	s OR particulars of Title, ie Lot an Period; (ii) the Nature of your Inte	d DP (or SP) of properties anywhere in Australia rest, ie Owner, Lessee, Beneficiary, Other
OR select	the words 'Refe	clare, select the word 'Nil' and me er Below' in the adjacent Box ow then move on to Section B	ove on to Section B	Refer Below
Address o Return Per		of real property in which I had a	n interest at any time during	the Nature of my Interest: Select from the drop-down list
MY PLAC	E(S) OF LIV	NG (IN WHICH I HAD AN IN	TEREST):	
No:	Street:			Other - list below
Suburb:			State: NSW	Living with parents
No:	Street:			Select from List
Suburb:			State:	
OTHER R	REAL PROPE	RTY POSTAL ADDRESS DE	TAILS:	
No: 11	Street: F	rickard Street		Owner
Suburb: T	hirlmere		State: NSW	
No:	Street:			Select from List
Suburb:			State:	
No:	Street:			Select from List
Suburb:			State:	
OR OTHE	R REAL PRO	OPERTY PARTICULARS OF	TITLE, IE LOT AND DP D	ETAILS:
No:	Street:			Select from List
Suburb:			State:	1
No:	Street:			Select from List
Suburb:			State:	
No:	Street:			Select from List
Suburb:			State:	

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B SOURCES OF INCOM	ΛE		
溢 A TIP : Only provide information w	here the amount of income from a	n occupation, a Trust or other source	ce, exceeded \$500.
	ME FROM AN OCCUPATION COME I received from my Occup	ON(S) pation(s) at any time during the	Return Period)
Description of my Occupation(s) eg Labourer, Cadel, Project Officer, Manager, etc		ress of Employer or ce held (if applicable)	Name of Partnership (if applicable)
Occupations include: (I) an employee of Cou	ncil; (ii) an employee of other organisa	uons; (iii) self-employed; (iv) a consulta	int, (v) an Office holder in a Company
Information Technology Support Officer Unformation Technology Team Wollondilly Shire Council 62-64 Menangle Street PICTON NSW 2571			
Leader			
(sources of income, not am If you have Nothing to Declare, select OR select the words 'Refer Below' in enter relevant details below then move	ounts, I received from a Trust of the word 'Nil' and move on to the adjacent Box		Nil
NAME AND ADDRESS (A TIP: The 'Settlor' is the name of		NAME AND ADDRE	ESS OF TRUSTEE
TIPS: a Other Sources of Incom	ot amounts, I received at any to ne may include income from rental	property, investments, business ac	
which, that income was	received.		from whom, or the circumstances in
If you have Nothing to Declare, selection of the selectio		Вох Э	Nil

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C GIFTS				
A TIP: Only include description of a single gift or mu	ultiple gifts from the same of	donor, the total val	ue of wh	nich exceeded \$500
If you have Nothing to Declare, select the word 'Nil' in and go to Section D OR if you are Declaring an Interest	i ale sujucein sen	fer below'		Nil
If you declare a gift U then you MUST also complete Forms + Templates / Corporate Administration / Gifts			located	d on Council's Intranet:
DESCRIPTION OF EACH GIFT RECEIVED BY ME AT AN TIME DURING THE RETURN PERIOD	에 세계하다 사용된 경험 경험 경험 경험 경험 전경 전문이 된 등 역사 이 가입니다. (1997년 1997년 1997년 1997년 1997년 1997년 1997년 1997년 1997년 1997년 1		ESS OF	GIFT DONOR
D CONTRIBUTIONS TO TRAVEL A TIP: Do not include payments by Council for your	work-related travel			
If you have Nothing to Declare, select the word 'Nil' in and go to Section E OR if you are Declaring an Interes		fer below'		Nil
If you declare a travel contribution U then you MUS Intranet: Forms + Templates / Corporate Administrati	T also complete a Gifts on / Gifts and Benefits [and Benefits De Declaration Form	claration	on 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			0	ME OF STATES, TERRITORIES F THE COMMONWEALTH AND THER COUNTRIES IN WHICH TRAVEL WAS UNDERTAKEN
E INTERESTS AND POSITIONS IN	I CORPORATIO	NS		
TIPS: (i) Declare only if your shareholding was grea Shareholder) you held in a Corporation (including not-fo or the position was a paid position	ter than 10% of voting righ or-profit corporation) such a	ts in the corporations Director, whether	on (ii) er or not	You must declare any position (no you held shares in the Corporatio
If you have Nothing to Declare, select the word 'Nil' in and go to Section F OR if you are Declaring an Interes			7	Nil
If you declare a Position O you held in a Corporation Interests Disclosure Form located on Council's Intrans 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 POSITION (IF A EG DIRECTOR, COI SECRETARY	ANY) MPANY	PRINCIPAL OBJECTS OF CORPORATION (EXCEPT IN CASE OF LISTED COMPANY)

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A TIP: Do not include general membership but include detail	s of any positions held whether remu	inerated or not
If you have Nothing to Declare, select the word 'Nil' in the ad and go to Section G OR if you are Declaring an Interest, select		Nil
NAME OF EACH TRADE UNION AND EACH PROFESSIONAL IN WHICH I HELD ANY POSITION (WHETHER REMU AT ANY TIME DURING THE RETURN P	INERATED OR NOT)	DESCRIPTION OF POSITION
G DEBTS		
A TIP: You do not need to provide information on (i) the amo building society, credit union or other financial institution such a	unts of any debts; (ii) debts for less is for your home mortgage, credit car	than \$500; (iii) debts to any relative, bank d or department store
If you have Nothing to Declare, select the word 'Nil' in the ad and go to Section H OR if you are Declaring an Interest, selection		Refer Below
NAME AND ADDRESS OF EACH PERSON OR ORGANISATION DURING TH	(CREDITOR) TO WHOM I WAS LIA IE RETURN PERIOD	BLE TO PAY ANY DEBT AT ANY TIME
NAME OF CREDITOR	ADDRES	SS OF CREDITOR
Australia and New Zealand Banking Group		
H DISPOSITIONS OF REAL PROPERTY TIPS: You must disclose details: • of each disposal of real property since your last return the property or the right to repurchase the property; • of each disposal of real property by other persons or e • disposal includes — • grant of a lease or licence for all or part of the land, • mortgage over your land, • grant of easement over land by which you retain the • sale of land (or grant of option by you) with (i) a lease or an easement or covenant over the land in favour of creation of an option to purchase land in favour of you ecreation by you of a charge over your land; • transfer by you of an interest in your land to a Trustee • transfer of land to your spouse or by your spouse to a	was made by which you wholly or partities whereby you wholly or a right you are a beautiful and the right you are a beautiful you	rtly obtained the use of the property; ght for you to repurchase the land, (ii) neficiary; to occupy the land;

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-	RETURN PERIOD AS A RESU	SPOSITION OF REAL PROPERTY BY M LT OF WHICH I RETAINED, EITHER WHOL OR THE 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:

I	JNDER ARRANGEMENTS MA	POSITION OF REAL PROPERTY TO A PE DE BY ME, BEING DISPOSITIONS MAD TOF 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:

汉 A TIP: To be completed if you wish	to make any additional disclosures	
If you have Nothing to Declare, select the wo		Nil

MY SIGNATURE:		
DATE SIGNED:	26/03/2021	

NEXT STEPS:

- Ensure that wherever you had nothing to declare, that you have selected the word 'Nil' from the dropdrown menu.
- Type in the date in the box above.
- Create a pdf and add your signature with the adobe signature tool.
- Your form should then be forwarded via e-mail to governance@wollondilly.nsw.gov.au.