## **DISCLOSURE OF INTERESTS**

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

RETURN PERIOD 1 JULY 2020 TO ** 21 AUGUST 2020 ** Date of termination of my Employment, or Appoint	MY FULL NAME	GIVEN NAME:	LYNETTE		SURNAME:	KOFOD
** Date of termination of my Employment or Appoint	RETURN PERIOD	1 JULY 20	20	TO	** 21 AUGU	JST 2020
at Wollondilly Shire Council						

ATIP:	You must include: (i) either the postal addresses Of	R particulars of Title, ie Lot and DP (	or SP) of properties anywhere in Australia
that yo	ou had an interest in at any time during the Return Period	od; (ii) the Nature of your Interest, it	e Owner, Lessee, Beneficiary, Other
	n interest to declare select the words 'Refer Belo we Nothing to Declare select the word 'Nil' in the		Refer Below
	to Section B	aujacent box	
Address of e Return Perio	each parcel of real property in which I had an ind	nterest at any time during the	Nature of my Interest: Select from the drop-down list
MY PLACE	(S) OF LIVING (IN WHICH I HAD AN INTE	REST):	
No:	Street:		Owner
Suburb:		State: NSW	
No:	Street:		Select from List
Suburb:		State:	
OTHER RE	AL PROPERTY POSTAL ADDRESS DETA	NLS:	
No:	Street:		Select from List
Suburb:		State:	
No:	Street:		Select from List
Suburb:		State:	
No:	Street:		Select from List
Suburb:		State:	
OR OTHER	REAL PROPERTY PARTICULARS OF TI	TLE, 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:	

## DISCLOSURE OF INTERESTS

ATIP: Only provide information wh	ere the amount of income from an	occupation, a Trust or other source, exceed	eded \$500.
	ME FROM AN OCCUPATION COME I received from my Occu	ON(S) pation(s) at any time during the Return	n 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	uncil; (ii) an employee of other organisa	ations; (iii) self-employed; (iv) a consultant; (v)	an Office holder in a Company
Manager Corporate Governance	Wollondilly Shire Council 62 2571	2-64 Menangle Street Picton NSW	
	HE EDOM A TOWN		
(sources of income, not am If you have an interest to declare sele	ounts, I received from a Trust ect the words 'Refer Below'		Nil
(sources of income, not am If you have an interest to declare sele	ounts, I received from a Trust ect the words 'Refer Below' elect the word 'Nil' in the adjacent SETTLOR		was shown that
(sources of income, not am If you have an interest to declare sele OR if you have Nothing to Declare, so NAME AND ADDRESS ( ATIP: The 'Settlor' is the name of a  3 OTHER SOURCES OF N (sources of other income, not am	ounts, I received from a Trust ect the words 'Refer Below' elect the word 'Nil' in the adjace OF SETTLOR person who created the Trust  IY INCOME of amounts, I received at any to	ent Box NAME AND ADDRESS O	F TRUSTEE
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## DISCLOSURE OF INTERESTS

GREATER THAN \$250 FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVEL UNDERTAKEN BY ME DATES TRAVEL WAS UNDERTAKEN BY ME UNDERTAKEN BY ME UNDERTAKEN  E INTERESTS AND POSITIONS IN CORPORATIONS  TIPS: (i) Declare only if your shareholding was greater than 10% of voting rights in the corporation (ii) You must declare any position Shareholder) you held in a Corporation (including not-for-profit corporation) such as Director, whether or not you held shares in Corporation or the position was a paid position  If you have an interest to declare select the words 'Refer Below'  OR if you have Nothing to Declare, select the word 'Nii' in the adjacent Box and move to Section F  If you declare a Position  you held in a Corporation that had a relationship with Council, you MUST complete a Conflict of Interests Disclosure Form located on Council's Intranet: Forms + Templates / Corporate Administration / Declaration Form - Conflict of Interest - Council Officer  NAME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION (IF ANY)  PRINCIPAL OBJECTS O CORPORATION (EXCEPT SOPERATION (EXCEPT SOPERATI	C GIFTS			
OR if you have Nothing to Declare, select the word 'Nâi' in the adjacent Box and move to Section D  If you declare a gift	X ATIP: Only include description of a single gift or mu	ultiple gifts from the same do	nor, the total value of wh	nich exceeded \$500
DESCRIPTION OF EACH GIFT RECEIVED BY ME AT ANY TIME DURING THE RETURN PERIOD  CONTRIBUTIONS TO TRAVEL  A TIP: Do not include payments by Council for your work-related travel  If you have an interest to declare select the word's 'Refer Below' OR if you have Nothing to Declare, select the word' 'Nii' in the adjacent Box and move to Section E  If you declare a travel contribution then you MUST also complete a Gifts and Benefits Declaration Form located on Council Intranet: Forms + Templates / Corporate Administration / Gifts and Benefits Declaration Form  NAME AND ADDRESS OF EACH PERSON WHO MADE GREATER THAN 2500 FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVEL UNDERTAKEN BY ME DURING THE RETURN PERIOD  E  INTERESTS AND POSITIONS IN CORPORATIONS  TIPS: (I) Declare only if your shareholding was greater than 10% of voting rights in the corporation (ii) You must declare any poeition Shareholder) you held in a Corporation (including not-for-profit corporation) such as Director, whether or not you held shares in Corporation or the position was a paid position  If you have Nothing to Declare, select the word 'Nii' in the adjacent Box  Nii  If you declare a Position  You have an interest to declare select the word's 'Refer Betow'  OR if you have Nothing to Declare, select the word' Nii' in the adjacent Box  Nii  If you declare a Position  You have an interest to declare select the word' Nii' in the adjacent Box  Nii Principal Declaration form — Conflict of Interests Disclosure Form located on Council's Intranet: Forms + Templates / Corporate Administration / Declaration Form— Conflict of Interest — Council Officer  NAME AND ADDRESS OF EACH CORPORATION IN  NATURE OF INTEREST  (IF ANY)  ESSCRIPTION OF POSITION OF POSITION OF POSITION (IF ANY)  PERIOD PRINCIPAL OBJECTS O CORPORATION (IEXCEPT)  PERIOD PRINCIPAL OBJECTS O CORPORATION (EXCEPT)  PERIOD PRINCIPAL OBJECTS O CORPORATION (EXCEPT)  PERIOD PRINCIPAL OBJECTS O CORPORATION (EXCEPT)	OR if you have Nothing to Declare, select the word		•	Nil
TIME DURING THE RETURN PERIOD  NAME AND ADDRESS OF GIFT DONOR  D CONTRIBUTIONS TO TRAVEL  Type I have an interest to declare select the words "Refer Below"  OR if you have Nothing to Declare, select the word' 'Nil' in the adjacent Box and move to Section E  If you declare a travel contribution then you MUST also complete a Gifts and Benefits Declaration Form located on Council Intranet: Forms + Templates / Corporate Administration / Gifts and Benefits Declaration Form  NAME AND ADDRESS OF EACH PERSON WHO MADE GREATER THAN \$250 PINANOLAL OR OTHER CONTRIBUTION TO ANY TRAVEL UNDERTAKEN BY ME DURING THE RETURN PERIOD  DURING THE RETURN PERIOD  E INTERESTS AND POSITIONS IN CORPORATIONS  TIPS: (i) Declare only if your shareholding was greater than 10% of voting rights in the corporation (ii) You must declare any position Shareholder) you held in a Corporation (including not-for-profit corporation) such as Director, whether or not you held shares in Corporation or the position was a paid position  If you have an interest to declare select the words "Refer Below"  OR if you have Nothing to Declare, select the words "Refer Below"  OR if you have Position that had a relationship with Council, you MUST complete a Conflict of Interests Disclosure Form located on Council's Intranet: Forms + Templates / Corporate Administration / Declaration Form - Conflict of Interests Disclosure Form located on Council's Intranet: Forms + Templates / Corporate Administration / Declaration Form - Conflict of Interests Disclosure Form located on Council's Intranet: Forms + Templates / Corporate Administration / Declaration Form - Conflict of Interests Disclosure Form located on Council's Intranet: Forms + Templates / Corporate Administration / Declaration Form - Conflict of Interests Disclosure Form located on Council's Intranet: Forms + Templates / Corporate Administration / Declaration Form - Conflict of Interests Disclosure Form located on Council's Intranet: Forms + Templates / Corporate Administration / Declaration Form - Conflict of In	If you declare a gift U then you MUST also completerms + Templates / Corporate Administration / Gift	ete a Gifts and Benefits D	eclaration Form location Form	ed on Council's Intranet:
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and move to Section F  If you declare a Position U you held in a Corporation that had a relationship with Council, you MUST complete a Conflict of Interests Disclosure Form located on Council's Intranet: Forms + Templates / Corporate Administration / Declaration Form - Conflict of Interest - Council Officer  NAME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION  NATURE OF INTEREST (IF ANY)  DESCRIPTION OF POSITION (IF ANY) EG DIRECTOR, COMPANY CORPORATION (EXCEPT	If you have an interest to declare select the words 'F	Refer Below'		
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#### DISCLOSURE OF INTERESTS

F POSITIONS IN TRADE UNIONS OR PROFESSIONAL OR BU	SINESS ASSOCIATIONS
A TIP: Do not include general membership but include details of any positions held whether remur	perated or not
If you have an interest to declare select the words 'Refer Below'	
OR if you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section G	Njl
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

G DEBTS		
A TIP: You do not need to provide information on (i) the amount building society, credit union or other financial institution such a	unts of any debts; (ii) debts for less that as for your home mortgage, credit card o	n \$500; (iii) debts to any relative, bank, or department store
If you have an interest to declare select the words 'Refer Beld OR if you have Nothing to Declare, select the word 'Nil' in the and move to Section H	A 1 (0 , 0 , 0 a)	Nil
NAME AND ADDRESS OF EACH PERSON OR ORGANISATION DURING THE	(CREDITOR) TO WHOM I WAS LIABLE HE RETURN PERIOD	E TO PAY ANY DEBT AT ANY TIME
NAME OF CREDITOR	ADDRESS	OF CREDITOR

#### H DISPOSITIONS OF REAL PROPERTY



TIPS: You must disclose details:

- . of each disposal of real property since your last return was made by which you wholly or partly retained the use or benefit of the property or the right to repurchase the property;
- of each disposal of real property by other persons or entities whereby you wholly or partly obtained the use of the property;
- · 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 ability to use the land,
  - sale of land (or grant of option by you) with (i) a lease or licence granted to you or a right for you to repurchase the land, (ii) or an easement or covenant over the land in favour of you
- · creation of an option to purchase land in favour of you;
- creation by you of a charge over your land;
- transfer by you of an interest in your land to a Trustee of a Trust of which you are a beneficiary;
- transfer of land to your spouse or by your spouse to a third party whereby you continue to occupy the land;
- transfer of title of your land subject to you continuing to receive a benefit, eg rent from the land.

If you have an interest to declare select the words 'Refer Below' NII OR if you have Nothing to Declare, select the word 'Nil' in the adjacent Box and move to Section I

Should you require more detailed explanation on the information to be provided in this Section, you should consult your solicitor.

## **DISCLOSURE OF INTERESTS**

0	1	PARTICULARS OF EACH DISPOSI RETURN PERIOD AS A RESULT OF AND BENEFIT OF THE PROPERTY DATE	F WHICH I RETAINED, EITHER W	HOLLY OR IN PART, THE USE
No:	9	Street:	Suburb:	State:

No:	Street:	Suburb:	State:
No:	Street:	Suburb:	State:
No:	Street:	Suburb:	State:
No:	Street:	Suburb:	State:

2 PARTICULARS OF EACH DISPOSITION OF REAL PROPERTY TO A PERSON BY ANOTHER PERSON UNDER ARRANGEMENTS MADE BY ME, BEING DISPOSITIONS MADE AT ANY TIME DURING THE RETURN PERIOD, AS A RESULT OF WHICH I OBTAINED EITHER WHOLLY OR IN PART, THE USE AND BENEIFIT OF THE PROPERTY

No:	Street:	Suburb:	State:
No:	Street:	Suburb:	State:
No:	Street:	Suburb:	State:
No:	Street:	Suburb:	State:

I DISCRETIONARY DISCLOSURES	
A TIP: To be completed if you wish to make any additional disclosures	
If you have an interest to declare select the words 'Refer Below'  OR if you have Nothing to Declare, select the word 'Nil' in the adjacent Box and then Print, Sign and Date this Form	Nil

MY SIGNATURE:		
DATE SIGNED:	12/8/2020	

#### **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 and have the Chief Executive Officer sign and approve.