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 FULL NAME RETURN DATE		GIVEN NAME: REBECCA	SURNAME: KOSANIC
		** 9/11/2020 ** The date you commenced your Employment, or Appointment, at Wollondilly Shire Council OR the date you commenced Acting in the Designated Position	
A REA	L PROPE	RTY	
A TIP:	You must incl	lude: (i) either the postal addresses OR particulars of est in at the Return Date; (ii) the Nature of your Intere	f Title, ie Lot and DP (or SP) of properties anywhere in Australia st, ie Owner, Lessee, Beneficiary, Other
OR select the	Nothing to Dec e words 'Refe nt details below	on B Refer Below	
Address of e	ach parcel of	Nature of my Interest: Select from the drop-down list	
MY PLACE	(S) OF LIVI	NG (IN WHICH I HAD AN INTEREST):	
No:	Street:		Owner
Suburb:		State: NSW	
No:	Street:		Select from List
Suburb:		State:	
OTHER RE	AL PROPE	RTY 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 OTHER	REAL PRO	PERTY PARTICULARS OF TITLE, IE LO	T AND DP DETAILS:
No:	Street:		Select from List
Suburb:			
No:	Street:	Select from List	
Suburb:		State:	
No:	Street:		Select from List
Suburb:		State:	

DISCLOSURE OF INTERESTS

- The state and the state of th	where the amount of income from an	occupation, a Trust or other source,	is expected to exceed \$500.
(sources, not amounts, of	OME FROM AN OCCUPATION income I expect to receive from a ig on the following 30 June)		mencing on the first day after
Description of my Occupation(s) eg Labourer, Cadet, Project Officer, Manager, etc	Name and A Description of	ddress of Employer or Office held (if applicable)	Name of Partnershi (if applicable)
Occupations include: (i) an employee of C	council; (ii) an employee of other organisa	itions; (iii) self-employed; (iv) a consultar	nt; (v) an Office holder in a Company
Environment Officer - Enforcement Ranger)	Wollondilly Shire Council 62-64 Menangle Street Picton NSW 2571		
(sources, not amounts, of Return Date and ending or you have Nothing to Declare, see R select the words 'Refer Below' nter relevant details below then m	income I expect to receive from a the following 30 June) lect the word 'Nil' in the adjacent Box ove on to '3. Other Sources of m	y Income'	Nil
A TIP: The 'Settlor' is the name o	f a person who created the Trust	NAME AND ADDRE	SS OF IRUSTEE
3 OTHER SOURCES OF (sources, not amounts, of and ending on the followin	other income I expect to receive	in the period commencing on th	e first day after the Return Da
TIPS: a Other Sources of Incom	scription sufficient to identify the per		
which, that income was	lect the word 'Nil' and move on to	Castian C	

DISCLOSURE OF INTERESTS

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 (not Shareholder) you held in a Corporation (including not-for-profit corporation) such as Director, whether or not you held shares in the Corporation or the position was a paid position If you have Nothing to Declare, select the word 'Nil' and move on to Section D Nil OR select the words 'Refer Below' in the adjacent Box enter relevant details below then move on to Section D 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 **DESCRIPTION OF** NAME AND ADDRESS OF EACH CORPORATION IN PRINCIPAL OBJECTS OF NATURE OF INTEREST POSITION (IF ANY) WHICH I HAD AN INTEREST OR HELD A POSITION CORPORATION (EXCEPT IN EG DIRECTOR, COMPANY (IF ANY) AT THE RETURN DATE CASE OF LISTED COMPANY) EG SHAREHOLDER SECRETARY 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' and move on to Section E Nil OR select the words 'Refer Below' in the adjacent Box enter relevant details below then move on to Section E NAME OF EACH TRADE UNION AND EACH PROFESSIONAL OR BUSINESS ASSOCIATION IN WHICH I HELD ANY POSITION (WHETHER REMUNERATED OR NOT) AT THE RETURN DATE DESCRIPTION OF POSITION DEBTS A TIP: You do not need to provide information on (i) the amounts of any debts; (ii) debts for less than \$500; (iii) debts to any relative, bank, building society, credit union or other financial institution such as for your home mortgage, credit card or department store If you have Nothing to Declare, select the word 'Nil' and move on to Section F Nil OR select the words 'Refer Below' in the adjacent Box enter relevant details below then move on to Section F NAME AND ADDRESS OF EACH PERSON OR ORGANISATION (CREDITOR) TO WHOM I WAS LIABLE TO PAY ANY DEBT AT THE RETURN DATE NAME OF CREDITOR ADDRESS OF CREDITOR

DISCLOSURE OF INTERESTS

A TIP: To be co	mpleted if you wish to make any add	itional disclosures	= 1
	Declare, select the word 'Nil' in the adjace efer Below' in the adjacent Box	nt Box	Nil
	R.Kosanic		
MY SIGNATURE:	K.Rosanic		
DATE SIGNED:	27/01/21		

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.