

PRIMARY 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 FULL NAME	GIVEN NAME: ANDREW	SURNAME: POORE
RETURN DATE	** 30/09/2019 <i>** The date you commenced your Employment, or Appointment, at Wollondilly Shire Council OR the date you commenced Acting in the Designated Position</i>	

A REAL PROPERTY




A TIP: You must include: (i) either the postal addresses OR particulars of Title, ie Lot and DP (or SP) of properties anywhere in Australia that you had an interest in at the Return Date; (ii) the Nature of your Interest, ie Owner, Lessee, Beneficiary, Other

If you have Nothing to Declare, select the word 'Nil' and move on to Section B

OR select the words 'Refer Below' in the adjacent Box  enter relevant details below then move on to Section B

Refer Below

Address of each parcel of real property in which I had an interest at the Return Date

Nature of my Interest: Select from the drop-down list 

MY PLACE(S) OF LIVING (IN WHICH I HAD AN INTEREST):

No: 	Street: 	Owner
Suburb: 	State: NSW	
No:	Street:	Select from List
Suburb:	State:	


OTHER REAL PROPERTY 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 PROPERTY PARTICULARS OF TITLE, IE LOT AND DP DETAILS:


No:	Street:	Select from List
Suburb:	State:	
No:	Street:	Select from List
Suburb:	State:	
No:	Street:	Select from List
Suburb:	State:	

B SOURCES OF INCOME

 **A TIP:** Only provide information where the amount of income from an occupation, a Trust or other source, is expected to exceed \$500.


 **1 SOURCES OF MY INCOME FROM AN OCCUPATION(S)**
(sources, not amounts, of income I expect to receive from an occupation in the period commencing on the first day after the Return Date and ending on the following 30 June)


Description of my Occupation(s) <small>eg Labourer, Cadet, Project Officer, Manager, etc</small>	Name and Address of Employer or Description of Office held (if applicable)	Name of Partnership (if applicable)
<small>Occupations include: (i) an employee of Council; (ii) an employee of other organisations; (iii) self-employed; (iv) a consultant; (v) an Office holder in a Company</small>		
Projects Manager	Wollondilly Shire Council 62-64 Menangle Street Picton NSW 2571	N/A


 **2 SOURCES OF MY INCOME FROM A TRUST**
(sources, not amounts, of income I expect to receive from a Trust in the period commencing on the first day after the Return Date and ending on the following 30 June)

If you have Nothing to Declare, select the word 'Nil'
 OR select the words 'Refer Below' in the adjacent Box 
 enter relevant details below then move on to '3. Other Sources of my Income'


 NAME AND ADDRESS OF SETTLOR <small>A TIP: The 'Settlor' is the name of a person who created the Trust</small>	NAME AND ADDRESS OF TRUSTEE

 **3 OTHER SOURCES OF MY INCOME**
(sources, not amounts, of other income I expect to receive in the period commencing on the first day after the Return Date and ending on the following 30 June)


 **TIPS:** a Other Sources of Income may include income from rental property, investments, business activities, welfare payments;
 b You must include a description sufficient to identify the person, property or business activity from whom, or the circumstances in which, that income was received.

If you have Nothing to Declare, select the word 'Nil' and move on to Section C
 OR select the words 'Refer Below' in the adjacent Box 
 enter relevant details below then move on to Section C

C 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 OR select the words 'Refer Below' in the adjacent Box  enter relevant details below then move on to Section D	Nil
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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 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 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 OR select the words 'Refer Below' in the adjacent Box  enter relevant details below then move on to Section E	Nil
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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


E 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 OR select the words 'Refer Below' in the adjacent Box  enter relevant details below then move on to Section F	Nil
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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



F DISCRETIONARY DISCLOSURES

 **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



Nil

MY SIGNATURE:	 
DATE SIGNED:	2/10/19

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-down 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.