#### 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 FU	LL NAME	GIVEN NAME: BEL	INDA SU	RNAME: FLEMING
		RETURN PERIOD:	1 JULY 2019 TO 30	JUNE 2020
A RE	AL PROPE	RTY		
that	FIP: You must in tyou had an inter	nclude: (i) either the postal address est in at any time during the Return	ses OR particulars of Title, ie Lo Period; (ii) the Nature of your	ot and DP (or SP) of properties anywhere in Australia Interest, ie Owner, Lessee, Beneficiary, Other
If you have OR select	e Nothing to De the words 'Refe	clare, select the word 'Nil' and r er Below' in the adjacent Box w then move on to Section B		Select from this Drop-Down List
Address o Return Pe	of each parcel of	of real property in which I had	an interest at any time du	ing the Nature of my Interest: Select from the drop-down list
MY PLAC	CE(S) OF LIVE	NG (IN WHICH I HAD AN IN	NTEREST):	
No:	Street:			Owner
Suburb:			State: NSW	
No:	Street:			Select from List
Suburb:	Suburb: State:			
OTHER F	REAL PROPE	RTY POSTAL ADDRESS D	ETAILS:	
No:	Street:			Select from List
Suburb:			State:	
No:	Street:			Select from List
Suburb:			State:	
No:	Street:			Select from List
Suburb:			State:	
OR OTHE	R REAL PRO	PERTY PARTICULARS OF	F TITLE, IE LOT AND D	P DETAILS:
No:			Select from List	
Suburb:			State:	
No:	Street:			Select from List
Suburb:			State:	
No:	Street:			Select from List
Suburb:			State:	

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B SOURCES OF INCOM	ΛE		
A TIP: Only provide information w	where the amount of incom	ne from an occupation, a Trust or other source	, exceeded \$500.
1 SOURCES OF MY INCO	ME FROM AN OCCI	UPATION(S) ny Occupation(s) at any time during the F	Return Period)
Description of my Occupation(s) eg Labourer, Cadet, Project Officer, Manager, etc		and Address of Employer or on of Office held (if applicable)	Name of Partnership (if applicable)
Occupations include: (I) an employee of Cou	uncil: (ii) an employee of othe	ar organisations; (iii) self-employed; (iv) a consultant	(v) an Office holder in a Company
eam Lead <mark>er</mark>	Wollondilly Shire Co 62-64 Menangle Stre PICTON NSW 257	eet	
2 SOURCES OF MY INCO (sources of income, not am	nounts, I received from	a Trust during the Return Period)	
if you have Nothing to Declare, select OR select the words 'Refer Below' in enter relevant details below then move	the adjacent Box	ve on to Section C	Nil
NAME AND ADDRESS  A TIP: The 'Settlor' is the name of		NAME AND ADDRES	SS OF TRUSTEE
TIPS: a Other Sources of Incor	not amounts, I received me may include income fr escription sufficient to iden	d at any time during the Return Period) om rental property, investments, business activity for	
If you have Nothing to Declare, sele OR if you are Declaring an Interest,	ect the word 'Nil' in the	adjacent Box 🗢	Nil
C GIFTS			
A TIP: Only include description	of a single gift or multiple	gifts from the same donor, the total value of w	hich exceeded \$500
If you have Nothing to Declare, sele and go to Section D OR if you are D	ect the word 'Nil' in the eclaring an Interest, se	adjacent Box	NII
If you declare a gift 🔱 then you MU Forms + Templates / Corporate Adn	JST also complete a G ninistration / Gifts and B	ifts and Benefits Declaration Form locate Benefits Declaration Form	d on Council's Intranet:
DESCRIPTION OF EACH GIFT RECEI TIME DURING THE RETUR	IVED BY ME AT ANY N PERIOD	NAME AND ADDRESS O	F GIFT DONOR

## 2019 - 2020 ANNUAL RETURN DISCLOSURE OF INTERESTS

D CONTRIBUTIONS TO TRAVEL		
A TIP: Do not include payments by Council for your work-r	related travel	
If you have Nothing to Declare, select the word 'Nil' in the a and go to Section E OR if you are Declaring an Interest, sel		Nil
If you declare a travel contribution U then you MUST also Intranet: Forms + Templates / Corporate Administration / G	complete a Gifts and Benefits Diffs and Benefits Declaration For	Declaration 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	DATES TRAVEL WAS UNDERTAKEN	NAME OF STATES, TERRITORIES OF THE COMMONWEALTH AND OTHER COUNTRIES IN WHICH TRAVEL WAS UNDERTAKEN

TIPS: (i) Declare only if your shareholding was gr Shareholder) you held in a Corporation (including no or the position was a paid position	reater than 10% of voting righ tt-for-profit corporation) such a	nts in the corporation (ii) as Director, whether or not	You must declare any position (no tyou held shares in the Corporation
If you have Nothing to Declare, select the word 'Nil and go to Section F OR if you are Declaring an Inte			Nil
Karadada Barradi bili o d			
If you declare a Position $igodot$ you held in a Corporati Interests Disclosure Form located on Council's Intra Conflict of Interest – Council Officer	on that had a relationship anet: Forms + Templates	with Council, you MUS / Corporate Administral	T complete a Conflict of tion / Declaration Form -
Interests Disclosure Form located on Council's Intra	NATURE OF INTEREST (IF ANY) EG SHAREHOLDER	with Council, you MUS / Corporate Administral DESCRIPTION OF POSITION (IF ANY) EG DIRECTOR, COMPANY SECRETARY	PRINCIPAL OBJECTS OF CORPORATION (EXCEPT IN CASE OF LISTED COMPANY

A TIP: Do not include general membership but include details of any positions held whether remu	inerated or not
If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and go to Section G OR if you are Declaring an Interest, select the words 'Refer below'	Nil
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

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# DISCLOSURE OF INTERESTS

G DEB	15		
A TIP: building	You do not need to provide information on (i) t society, credit union or other financial institution	he amounts of any debts; (ii) debts for less the such as for your home mortgage, credit card	an \$500; (iii) debts to any relative, bank, or department store
If you have I and go to Se	Nothing to Declare, select the word 'Nil' in ection H OR if you are Declaring an Interes	the adjacent Box t, select the words 'Refer below'	Nil
NAME AND	ADDRESS OF EACH PERSON OR ORGANIS DUR	ATION (CREDITOR) TO WHOM I WAS LIABI	LE TO PAY ANY DEBT AT ANY TIME
	NAME OF CREDITOR	ADDRESS	S OF CREDITOR
H DISE	POSITIONS OF REAL PROP	ERTY	
e mo e gra e sale or c e creat e creat e trans e trans e trans	int of a lease or licence for all or part of the land, ortgage over your land, and of easement over land by which you retain the e of land (or grant of option by you) with (i) a least covenant over the land in favour of you tion of an option to purchase land in favour of you fer by you of a charge over your land; offer by you of an interest in your land to a Truster offer of land to your spouse or by your spouse to a fer of title of your land subject to you continuing Nothing to Declare, select the word 'Nil' in	e ability to use the land, se or licence granted to you or a right for you to u; e of a Trust of which you are a beneficiary; a third party whereby you continue to occupy to receive a benefit, eg rent from the land.	
and go to S	section I OR if you are Declaring an Interes	t, select the words 'Refer below'	
Should yo	ou require more detailed explanation on the	information to be provided in this Section	n, you should consult your solicitor
RI	ARTICULARS OF EACH DISPOSITI ETURN PERIOD AS A RESULT OF W ENEFIT OF THE PROPERTY OR THE	HICH I RETAINED, EITHER WHOL	LY OR IN PART, THE USE AND
No:	Street:	Suburb:	State:
No:	Street:	Suburb:	State:
No:	Street:	Suburb:	State:
No:	Street:	Suburb:	State:
UI RI	ARTICULARS OF EACH DISPOSITION NDER ARRANGEMENTS MADE BY ETURN PERIOD, AS A RESULT OF V ENEIFIT OF THE PROPERTY	ME. BEING DISPOSITIONS MAD	E AT ANY TIME DURING THE
No:	Street:	Suburb:	State:
No:	Street:	Suburb:	State:
No:	Street:	Suburb:	State:

Suburb:

State:

No:

Street:

## 2019 - 2020 ANNUAL RETURN DISCLOSURE OF INTERESTS

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 and go to Sign and Date to complete this Return OR if you are Declaring an Interest, select	Nil
the words 'Refer below'	

7	d			
MY SIGNATURE:	2			
DATE SIGNED:		21.2.20		

#### 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.

