DISCLOSURE OF INTERESTS

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

MY FUL	LNAME	GIVEN NAME: KERSTI	SURNAME:	MARTIN		
RETUR	** 9 DECEMBER 20 "The date you commenced your Employment, or Appoin OR the date you commenced Acting in the			ntment, at Wollondilly Shire Council		
A REA	L PROPE	RTY				
A TIF	You must incl	ude: (i) either the postal addresses OR particularst in at the Return Date; (ii) the Nature of your li	ars of Title, ie Lot and DP (or Sinterest, ie Owner, Lessee, Bend	P) of properties anywhere in Australia eficiary, Other		
OR select th	he words 'Refe	clare, select the word 'Nil' and move on to S r Below' in the adjacent Box w then move on to Section B	Section B	Refer Below		
Address of	each parcel of	real property in which I had an interest at th	e Return Date Na	ature of my Interest: Select from the drop-down list		
MY PLACE	E(S) OF LIVI	NG (IN WHICH I HAD AN INTEREST):				
No:	Street:			Owner		
Suburb:		State: N	WSW			
No:	Street:			Select from List		
Suburb:	Suburb:					
OTHER RI	EAL PROPE	RTY POSTAL ADDRESS DETAILS:				
No:	Street:			Select from List		
Suburb:		State:				
No:	No: Street:			Select from List		
Suburb:		State:				
No:	Street:			Select from List		
Suburb:		State:				
OR OTHE	R REAL PRO	PERTY PARTICULARS OF TITLE, IE	LOT AND DP DETAILS			
No:	Street:	et:		Select from List		
Suburb:		State:				
No:	Street:			Select from List		
Suburb:		State:				
No:	Street:			Select from List		
Suburb: State:						

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A TIP: Only provide information w	here the amount of income from an	occupation, a Trust or other source.	is expected to exceed \$500.	
1 SOURCES OF MY INCO (sources, not amounts, of ir the Return Date and ending	OME FROM AN OCCUPATION COME I expect to receive from a g on the following 30 June)	ON(S) an occupation in the period comm	nencing on the first day after	
Description of my Occupation(s) eg Labourer, Cadet, Project Officer, Manager, etc Name and Address of Employer or Description of Office held (if applicable)			Name of Partnership (if applicable)	
Occupations include: (i) an employee of Co	uncil; (ii) an employee of other organisa	itions, (iii) self-employed; (iv) a consultan	t; (v) an Office holder in a Company	
Acting Manager Tourism & Business Investment	Wollondilly Shire Council 62-64 Menangle Street Picton NSW 2571		N/A	
		y Income ^t	Nil	
	OF SETTLOR	NAME AND ADDRES		
	OF SETTLOR			
NAME AND ADDRESS ATIP: The 'Settlor' is the name of	OF SETTLOR a person who created the Trust MY INCOME other income I expect to receive		SS OF TRUSTEE	
NAME AND ADDRESS ATIP: The 'Settlor' is the name of and ending on the following by You must include a des	OF SETTLOR a person who created the Trust MY INCOME other income I expect to receive of 30 June) a may include income from rental procription sufficient to identify the per	NAME AND ADDRES	SS OF TRUSTEE e first day after the Return Dai	
NAME AND ADDRESS ATIP: The 'Settlor' is the name of 3 OTHER SOURCES OF (sources, not amounts, of of and ending on the following) TIPS: a Other Sources of Income	OF SETTLOR a person who created the Trust MY INCOME other income I expect to receive g 30 June) a may include income from rental pricription sufficient to identify the persectived. act the word 'Nil' and move on the the adjacent Box	in the period commencing on the roperty, investments, business activity from property or business activity from the roperty or business activity f	SS OF TRUSTEE e first day after the Return Dai	

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C INTERESTS AND POSITIONS	IN CORPORATIO	NS		
TIPS: (i) Declare only if your shareholding was green Shareholder) you held in a Corporation (including not or the position was a paid position	eater than 10% of voting right t-for-profit corporation) such a	s in the corporation (ii) as Director, whether or n	You must declare any position (not ot you held shares in the Corporation	
If you have Nothing to Declare, select the word 'Ni	I' and move on to Section	D		
OR select the words 'Refer Below' in the adjacent E enter relevant details below then move on to Section		Nil		
If you declare a Position U you held in a Corporati Interests Disclosure Form located on Council's Intra 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 A TIP: Do not include general membership but included.				
If you have Nothing to Declare, select the word 'Ni OR select the words 'Refer Below' in the adjacent E enter relevant details below then move on to Section	Box 🗢	E .	Nil	
NAME OF EACH TRADE UNION AND EACH PROFE IN WHICH I HELD ANY POSITION (WHET AT THE RETURN	HER REMUNERATED OR N		DESCRIPTION OF POSITION	
E DEBTS				
A TIP: You do not need to provide information on (building society, credit union or other financial institu	i) the amounts of any debts; ution such as for your home n	(ii) debts for less than s nortgage, credit card or	\$500; (iii) debts to any relative, bank, department store	
f 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		Refer Below		
	OF EACH PERSON OR ORG IABLE TO PAY ANY DEBT A		DR)	
NAME OF CREDITOR		ADDRESS O	F CREDITOR	
Commonwealth Bank	48 Martin P	ADDRESS OF CREDITOR 48 Martin Place, Sydney		

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X 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
	dis-

MY SIGNATURE:	Ø			
DATE SIGNED:		9.12.19.		

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-drown 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.