### **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	MY FULL NAME GIVEN NAME: JAMES PETER SURNAME: DAVIS			
RETURN DATE	** The date you commenced your En	09/19 ment, or Appointment, at Wollondilly Shire Council ed Acting in the Designated Position		
A REAL PROPE	RTY			
A TIP: You must ince	clude: (i) either the postal addresses OR particulars est in at the Return Date; (ii) the Nature of your Int	of Title, ie Lot and DP (or SP) of properties an est, ie Owner, Lessee, Beneficiary, Other	nywhere in Australia	
OR select the words 'Refe	eclare, select the word 'Nil' and move on to Se er Below' in the adjacent Box ow then move on to Section B	ion B Refer E	Below	
Address of each parcel of	eturn Date Nature of my Inter the drop-c	down list		
MY PLACE(S) OF LIVE	NG (IN WHICH I HAD AN INTEREST):			
No: Street:	Street: Street		Owner	
Suburb:	State: NS			
No: Street:		Select fro	Select from List	
Suburb:	State:			
OTHER REAL PROPE	RTY POSTAL ADDRESS DETAILS:			
No: 32 Street:	Street: Nicholas Street		ier	
Suburb: THE ROCK State:		0		
No: 34 Street: Railway Street		Own	ier	
Suburb: THE ROCK State:				
No: Street:		Select from	Select from List	
Suburb:	State:			
OR OTHER REAL PRO	OPERTY PARTICULARS OF TITLE, IE L	T AND DP DETAILS:		
No: Street:	No: Street:		om List	
Suburb: State:				
No: Street:	Street:		om List	
Suburb:	State:			
No: Street:		Select fro	om List	
Suburb: State:				

# **DISCLOSURE OF INTERESTS**

A TIP: Only provide information w	here the amount of income for	rom an occupation a Trust or other so	urce is expected to exceed \$500
23 A Thr. Only provide information w	nere the amount of moonle in	on an occupation, a reast or other soc	dice, is expected to exceed \$500.
SOURCES OF MY INCO (sources, not amounts, of in the Return Date and ending	ncome I expect to receive	from an occupation in the period of	commencing on the first day after
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 Co	uncil; (ii) an employee of other o	organisations; (iii) self-employed; (iv) a con-	sultant; (v) an Office holder in a Company
Senior IT Support Officer	Wollondilly Shire Council 62-64 Menangle Street Picton NSW 2571		
Acting Information Technology Team Leader			
of you have Nothing to Declare, select Research of Select the words 'Refer Below' in the enter relevant details below then mo NAME AND ADDRESS  A TIP: The 'Settlor' is the name of a	the adjacent Box ve on to '3. Other Sources		Nil DRESS OF TRUSTEE
3 OTHER SOURCES OF It (sources, not amounts, of or	MY INCOME ther income I expect to re	ceive in the period commencing o	n the first day after the Return Dat
and ending on the following  TIPS: a Other Sources of Income b You must include a desc which, that income was re	may include income from re	ntal property, investments, business activities the person, property or business activities.	
f you have Nothing to Declare, sele	ct the word 'Nil' and move	e on to Section C	Refer Below
	19. 10.10 1 To 1. (4) 12. 1 基本的 19. 10 10 10 10 10 10 10 10 10 10 10 10 10		1.000
enter relevant details below then mo	19. 10.10 1 To 1. (4) 12. 1 基本的 19. 10 10 10 10 10 10 10 10 10 10 10 10 10	34 Railway Street, THE ROCK	
OR select the words 'Refer Below' in enter relevant details below then mo Rent Rent	19. 10.10 1 To 1. (4) 12. 1 基本的 19. 10 10 10 10 10 10 10 10 10 10 10 10 10	34 Railway Street, THE ROCK 32 Nicholas Street, THE ROC	C, NSW



# DISCLOSURE OF INTERESTS

C INTERESTS AND POSITIONS				
TIPS: (i) Declare only if your shareholding was green Shareholder) you held in a Corporation (including no or the position was a paid position	eater than 10% of voting right ot-for-profit corporation) such a	is in the corporation (ii) as Director, whether or no	You must declare any position (no of you held shares in the Corporatio	
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 Box enter relevant details below then move on to Section D			Nil	
If you declare a Position  vou 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 Administra	ST complete a Conflict of ation / Declaration Form /	
NAME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION AT THE RETURN DATE			PRINCIPAL OBJECTS OF CORPORATION (EXCEPT IN CASE OF LISTED COMPANY	
POSITIONS IN TRADE UNIONS  A TIP: Do not include general membership but incl  If you have Nothing to Declare, select the word 'Nii  OR select the words 'Refer Below' in the adjacent E  enter relevant details below then move on to Section	ude details of any positions h ' and move on to Section Box	eld whether remunerated		
NAME OF EACH TRADE UNION AND EACH PROFE IN WHICH I HELD ANY POSITION (WHETI AT THE RETURN	HER REMUNERATED OR N	OT)	DESCRIPTION OF POSITION	
E DEBTS				
A TIP: You do not need to provide information on (in building society, credit union or other financial institution).	i) the amounts of any debts; ition such as for your home m	(ii) debts for less than \$ nortgage, credit card or d	500; (iii) debts to any relative, bank epartment store	
If you have Nothing to Declare, select the word 'Nil OR select the words 'Refer Below' in the adjacent E enter relevant details below then move on to Sectio	Box 🗢		Nil	
	OF EACH PERSON OR ORG ABLE TO PAY ANY DEBT A		R)	
NAME OF CREDITOR		ADDRESS OF	RESS OF CREDITOR	

#### **DISCLOSURE OF INTERESTS**

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	Ņil

MY SIGNATURE:		
DATE SIGNED:	15/07/20	

#### 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.