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

MYFU	JLL NAME	GIVEN NAME:	BLAIR	SURNAME: BRIGGS
		RETURN PER	IOD: 1 JULY 201	19 TO 30 JUNE 2020
A RE	AL PROPE	RTY	100 000 克斯森	是這段排除其他文字可於中華。
Oth	ner		Totalii i cilou,	ulars of Title, ie Lot and DP (or SP) of properties anywhere in (ii) the Nature of your Interest, ie Owner, Lessee, Beneficiary
OR select	e Nothing to Dec the words 'Refe	clare, select the word 'Ni er Below' in the adjacent w then move on to Secti	l' and move on to Section	on B
Address o Return Pe	of each parcel o	f real property in which	I had an interest at an	Nature of my Interest: Select from the drop-down list
MY PLAC	CE(S) OF LIVI	NG (IN WHICH I HAD	AN INTEREST):	是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
No:	Streets			Lessee
Suburb:			State: NSW	
No:	Street:	auf dur		Select from List
Suburb:	Suburb:		State:	
OTHER R	EAL PROPER	RTY POSTAL ADDRE	SS DETAILS:	
No: 5	Street: Th		Be a surface of the s	Owner
Suburb: Be	erridale		State: NSW	
No: 1	Street: Vie	ew .		Owner
Suburb: Pi	cton		State: NSW	
No:	Street:			Select from List
Suburb:		State:	190	
OR OTHE	R REAL PRO	PERTY PARTICULAR	S OF TITLE IE LOT	AND DE DETAIL O
No:	Street:		OF THEE, IE EOT	Select from List
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Suburb:			State:	Select from List
lo:	Street:		5.50.	Add to the state of the state o
				Select from List

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	vitere the amount of income	from an occupation, a Trust or other sour	ce, exceeded \$500.
SOURCES OF MY INCO (sources, not amounts, of income)	ME FROM AN OCCU	THE PROPERTY OF THE PROPERTY O	White Co.
eg Labourer, Cadet, Project Officer, Manager, etc	Name and Description	d Address of Employer or of Office held (if applicable)	Name of Partnership
Occupations include: (i) an employee of Cou	ncil, (ii) an employee of other o	rganisations; (iii) self-employed; (iv) a consulta	ant; (v) an Office holder in a Compan
Councillor	Wollondilly Shire Coun- 62-64 Menangle Street PICTON NSW 2571	cil	
lanage	Mowbray Park Farm P/	L	
2 SOURCES OF MY INCOM	ME FROM A TRUST		
(sources of income, not amo you have Nothing to Declare, select	unts I received from a T	rust during the Return Period)	
R select the words 'Refer Below' in the relevant details below then move	he adjacent Boy	on to Section C	Nil
NAME AND ADDRESS O	F SETTLÓR person who created the Trust	NAME AND ADDRE	SS OF TRUSTEE
TIPS: a Other Sources of Income b You must include a desc	may include income from re-	any time during the Return Period) ental property, investments, business activity for	vities, welfare payments;
(Sources of other income, no TIPS: a Other Sources of Income b You must include a desc which, that income was re ou have Nothing to Declare, select	may include income from re- ription sufficient to identify the eceived.	ental property, investments, business activity fr	om whom, or the circumstances
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GIFTS A TIP: Only include description of a purchase Nothing to Declare, select to go to Section D OR if you are Declare.	may include income from re- ription sufficient to identify the eceived. the word 'Nil' in the adjace ect the words 'Refer belo single gift or multiple gifts from the word 'Nil' in the adjace uring an Interest, select the also complete a Gifts an	om the same donor, the total value of which the words 'Refer below'	om whom, or the circumstances Nill ch exceeded \$500

2019-2020 ANNUAL RETURN DISCLOSURE OF INTERESTS CONTRIBUTIONS TO TRAVEL A TIP: Do not include payments by Council for your work-related travel If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and go to Section E OR if you are Declaring an Interest, select the words 'Refer below' Nil If you declare a travel contribution 0 then you MUST also complete a Gifts and Benefits Declaration Form located on council's Intranet: Forms + Templates / Corporate Administration / Gifts and Benefits Declaration Form NAME AND ADDRESS OF EACH PERSON WHO MADE GREATER THAN \$250 FINANCIAL OR OTHER NAME OF STATES, TERRITORIES CONTRIBUTION TO ANY TRAVEL UNDERTAKEN BY ME OF THE COMMONWEALTH AND DATES TRAVEL WAS DURING THE RETURN PERIOD OTHER COUNTRIES IN WHICH UNDERTAKEN TRAVEL WAS UNDERTAKEN

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 If you have Nothing to Declare, select the word 'Nil' in the adjacent Box and go to Section F OR if you are Declaring an Interest, select the words 'Refer below' Nil 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 -NAME AND ADDRESS OF EACH CORPORATION IN **DESCRIPTION OF** NATURE OF INTEREST WHICH I HAD AN INTEREST OR HELD A POSITION PRINCIPAL OBJECTS OF POSITION (IF ANY) AT ANY TIME DURING THE RETURN PERIOD (IF ANY) EG SHAREHOLDER CORPORATION (EXCEPT IN EG DIRECTOR, COMPANY SECRETARY CASE OF LISTED COMPANY)

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' 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	F POSITIONS IN TRADE UNIONS OR PROFESSIONAL OR BU A TIP: Do not include general membership but include details of any positions held whether remains	unerated or not
AT ANY TIME DURING THE RETURN DEDICATED OR NOT)	If you have Nothing to Declare select the word 'Nill' in the sale.	10.7 STATE SANCTOR BOURSE
		DESCRIPTION OF POSITION

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Service of the service of		information on (i) the amounts of any debts; (ii) debts ther financial institution such as for your home mortgage	for less than \$500; (iii) debts to any relative, credit card or department store	
If you ha	ave Nothing to Declare select th	ne word 'Nii' in the adjacent Box ring an Interest, select the words 'Refer below'	Nil	
		OR ORGANISATION (CREDITOR) TO WHOM I WAS DURING THE RETURN PERIOD	LIABLE TO PAY ANY DEBT AT ANY TIME	
	NAME OF CREDITO	P	ADDRESS OF CREDITOR	
H DI	SPOSITIONS OF REA	L PROPERTY		
e cree trai	grant of a lease or licence for all or pa mortgage over your land, grant of easement over land by which sale of land (or grant of option by you easement or covenant over the land in eation of an option to purchase land in eation by you of a charge over your la easement or covenant over the land in eation by you of an interest in your lan easer of land to your spouse or by you ensfer of title of your land subject to you	n you retain the ability to use the land, ou) with (i) a lease or licence granted to you or a right in favour of you; in favour of you; ind; id to a Trustee of a Trust of which you are a beneficiary; our spouse to a third party whereby you continue to occup ou continuing to receive a benefit, eg rent from the land.	nt for you to repurchase the land, (ii) or ar	
nd an to	Section FOR IT you are Declaring	an Interest, select the words 'Refer below'	Nil	
	ou require more detailed explana	ation on the information to be provided in this Sect	tion, you should consult your solicitor	
Should y 1 P R A	PARTICULARS OF EACH DETURN PERIOD AS A RESUND BENEFIT OF THE PROPERTY.	ation on the information to be provided in this Section on the information to be provided in this Section of REAL PROPERTY BY NOTICE OF WHICH I RETAINED, EITHER WOPERTY OR THE RIGHT TO REACQUIRE	ME AT ANY TIME DURING THE	
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ZSA III. TO be comp	leted if you wi	sh to make any ad	Iditional disclosures	
If you have Nothing to Dec and go to Sign and Date to the words 'Refer below'	lare, select the complete this R	word 'Nil' in the adja Return OR if you are	cent Box Declaring an Interest, select	Nil
OUR PORT TO A SECOND	為有效不同			
				THE RESERVE OF THE REAL PROPERTY.

MY SIGNATURE:		
DATE SIGNED:	22/09/2022	

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.