

As required under Council's <u>Code of Conduct for Councillors</u> and <u>Code of Conduct for Council Staff</u>, and the Information and Privacy Commissions <u>Guideline 1: For Local Councils on the disclosure of information contained in the returns disclosing the interest of councillors and designated persons developed under the Government Information (<u>Public Access</u>) Act 2009 (<u>NSW</u>) the following Primary Interest Returns are published:</u>

1. Councillors' Primary Interest Returns following 2021 council election

Council has identified that the following personal information is to be redacted from each of the Pecuniary Interest Returns:

- Councillors' addresses;
- Councillors' signature details.

Any additional redactions to the Pecuniary Interest Returns published have been determined by Council based on reasoning under the Public Interest Considerations Against Disclosure set out in the table contained in <u>Section 14 of the GIPA Act</u>.

If you would like to view an original Interest Return please attend the Council Administration Centre in Mullumbimby.



MY FULL NAME	GIVEN NAME: SAN	1A :	SURNAME:	BALSON	
AS AT (return date):	22 DECEMBER 2021				
A REAL PROPER	TV				
	ide: (i) the street address of propertion	es anvwhere in Australia	that you had an int	erest in at any time during the	
Return Period; (ii) the r	nature of your interest, ie Owner, Les	see, Beneficiary, Other			
If you have nothing to declar and move on to Section B	e, select the word 'Nil' in the adja	acent box	Nil	☐ Refer below ☐	
Street address of each parce time during the Return Period	el of real property in Australia in v d	vhich I had an interest		ure of my Interest: Select from drop-down list	
MY PLACE(S) OF LIVING	G (IN WHICH I HAD AN INTE	REST):	i		
Vo:recacted for Street:	redacted for web			ner Lessee	
Suburb and Post Code:	redacted for web	State: redacted for web		neficiary □ Other □ other" please specify here:	
No: Street:	edacted for web			ner 🗆 Lessee 🗆	
Suburb and Post Code:		State:		neficiary □ Other □ other" please specify here:	
OTHER REAL PROPERT	Y STREET ADDRESS DETA	AILS:			
No: Street:		1111		/ner Lessee	
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No: Street:				ner 🗆 Lessee 🗅	
Suburb and Post Code:		State:		Beneficiary Other If "other" please specify here:	
3 SOURCES OF I	NCOME				
A TIP: Only provide info	rmation where the amount of income	from an occupation, a T	rust or other source	e, exceeded \$500.	
1 SOURCES OF MY	/ INCOME FROM AN OCCUI	PATION(S)			
	nts, of income I received from my		time during the R	Return Period)	
Description of my Occupation eg Labourer, Cadet, Project Officer, Manager, etc	n(s) Name and Address of Em (if applicable)	ployer or Description of	of Office held	Name of Partnership (if applicable)	
	e of Council; (ii) an employee of other orga	anisations; (iii) self-employe	d; (iv) a consultant; (v	v) an Office holder in a Company	
Councillor	Byron Shire Council, 70 S	tation Street Mullumbi	mby NSW 2482		
Sole Trader	iPAN international	performing how 1	setwork		
	/ INCOME FROM A TRUST , not amounts, I received from a	Trust durina the Retur	n Period)		
	e, select the word 'Nil' in the adjace			Y Refer below □	
NAME AND ADDRESS OF S created the Trust)	ETTLOR (name of a person who	NAME AND ADD	PRESS OF TRUS	TEE	

3 OTHER SOURCES OF MY INCOME (sources of other income, not amounts, I red	ceived at	anv time during	the Return Perio	od)	
Other Sources of Income may include inc b You must include a description sufficient which, that income was received.	ome from	rental property, inv	vestments, busines	ss activiti	es, welfare payments; whom, or the circumstances in
If you have nothing to declare, select the word 'Nil' in	the adjac	ent box	•	Nil 🗆	Refer below 🗹
Formily Tax benefit Part A &	В				
Family Tax benefit Part A &. Parent Payment Singles					
C GIFTS	-		2		
A TIP: Only include description of a single gift or me	ultiple gifts	from the same do	nor, the total value	e of which	exceeded \$500
If you have nothing to declare, select the word 'Nil' in and move to Section D	the adjac	ent box	•	Nil 🗹	Refer below □
If you declare a gift $igcup 0$ then you MUST also complet	e a Gifts	and Benefits De	claration Form		
DESCRIPTION OF EACH GIFT RECEIVED BY ME AT ANY TIME DURING THE RETURN PERIOD	/ N	AME AND ADDRE	SS OF GIFT DON	IOR	0
D CONTRIBUTIONS TO TRAVEL					
A TIP: Do not include payments by Council for your				1	
If you have nothing to declare, select the word 'Nil' in and move to Section ${\sf E}$	the adjac	ent box	3	Nil 🗷	Refer below □
NAME AND ADDRESS OF EACH PERSON WHO MADE FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVE UNDERTAKEN BY ME DURING THE RETURN PERIOD		DATES TRAVEL W INDERTAKEN	/AS	OF TH	OF STATES, TERRITORIES HE COMMONWEALTH AND R COUNTRIES IN WHICH EL WAS UNDERTAKEN
E INTERESTS AND POSITIONS II	V COR	PORATIO	NS		
TIPS: (i) Declare only if your shareholding was gre- shareholder) you held in a corporation (including not- or the position was a paid position	ater than 1 for-profit co	0% of voting rights orporation) such as	s in the corporation Director, whether	n (ii) Yo rornotyd	u must declare any position (not ou held shares in the corporation
If you have nothing to declare, select the word 'Nil' in and move to Section F	the adjac	cent box	-	Nil 🗆	Refer below 🗹
NAME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION AT ANY TIME DURING THE RETURN PERIOD	NATURI (IF ANY EG SHARE		DESCRIPTION (POSITION (IF A EG DIRECTOR, COM SECRETARY	NY)	PRINCIPAL OBJECTS OF CORPORATION (EXCEPT IN CASE OF LISTED COMPANY)
FOUNDING DIRECTOR OF NFP	BUR	e conc	DIRECTOR		
WOMEN'S VILLAGE COLLECTIVE LTD					

F WERE	YOU A PROPERTY DEVELOPE ERTY DEVELOPER ON THE RET	R OR A CLOSE AS	SOCIATE OF	A
Yes □ No ⊡	/			
G POSIT	IONS IN TRADE UNIONS OR PRO	FESSIONAL OR B	USINESS AS	SOCIATIONS
	Oo not include general membership but include details of			
If you have not and move to Se	hing to declare, select the word 'Nil' in the adjacen	t box	Nil Refer	below □
NAME OF EACH WHICH I HELD A RETURN PERIO	TRADE UNION AND EACH PROFESSIONAL OR BUS ANY POSITION (WHETHER REMUNERATED OR NOT) D	INESS ASSOCIATION IN AT ANY TIME DURING THE	DESCRIPTION OF	POSITION
H DEBTS	8			
A TIP: You building soo	ou do not need to provide information on (i) the amounts ciety, credit union or other financial institution such as for	of any debts; (ii) debts for less your home mortgage, credit car	than \$500; (iii) debts t d or department store	o any relative, bank,
If you have noth and move to Se	ning to declare, select the word 'Nil' in the adjacent action I	box	Nil □ Refer	below □
NAME AND ADDR DURING THE RE	RESS OF EACH PERSON OR ORGANISATION (CRED TURN PERIOD	ITOR) TO WHOM I WAS LIABL	E TO PAY ANY DEB	AT ANY TIME
NAME OF CREDI	TOR	ADDRESS OF CREDITOR		
STUDENT	LOAN	ATO		
I DISPOS	SITIONS OF REAL PROPERTY			
of each disthe right to of each dis grant of mortgag grant of sale of la or coven creation transfer transfer transfer	a must disclose details: sposal of real property since your last return was made be repurchase the property; sposal of real property by other persons or entities where a lease or licence for all or part of the land; e over your land; e asement over land by which you retain the ability to use and (or grant of option by you) with (i) a lease or licence of ant over the land in favour of you; of an option to purchase land in favour of you; by you of a charge over your land; by you of an interest in your land to a Trustee of a Trust of land to your spouse or by your spouse to a third party of title of your land subject to you continuing to receive a	ethe land; granted to you or a right for you of which you are a beneficiary; whereby you continue to occupy benefit, eg rent from the land.	the use of the proper to repurchase the land	ty; disposal includes:
If you have nothi	ing to declare, select the word 'Nil' in the adjacent ction J	box	Nil Refer l	pelow □
Should you requand 188(2) of the	ire more detailed explanation on the information to e Local Government (General) Regulation 2005 or	be provided in this Section, consult your solicitor	you should refer to	Clauses 188(1)
RETU	CULARS OF EACH DISPOSITION OF REA RN PERIOD AS A RESULT OF WHICH I RE FIT OF THE PROPERTY OR THE RIGHT TO	TAINED, EITHER WHOLI	LY OR IN PART	THE LISE AND
No:	Street:	Suburb:		State:
No:	Street:	Suburb:		State:

RETU	ICULARS OF EACH R ARRANGEMENTS IRN PERIOD, AS A F IFIT OF THE PROPE	S MADE BY ME, I RESULT OF WHIC	REING DISPOS	SITIONS MAD	ERSON BY ANOT E AT ANY TIME D OLLY OR IN PAR	T, THE USE A
lo:	Street:		Suburb:			State:
0:	Street:		Suburb:			State:
DISCR	ETIONARY DIS	CLOSURES				
ŒATIP: 1	o be completed if you	u wish to make an	y additional disc	closures		
you have not	hing to declare, select the and Date to complete the	ne word 'Nil' in the a	- 1	3	Nil ☑ Refe	r below □
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- (197) - Charles de Celon		redacted	t for web	3		
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DATE SIGN	IED:	24 03	12022			4
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drown mo	nat wherever you ha enu. date this page.	ouaht in person t	to the General	Manager or	to the Governance	

General Manager



MY FULL		ZEN NAME: CARRELE 2021		SURNAME:	300.00
AS AT (TO	eturn date). 22	DECEMBER 2021			
A REAL	_ PROPERTY				
		i) the street address of prope of your interest, ie Owner, L			nterest in at any time during the
,	othing to declare, se to Section B	lect the word 'Nil' in the ac	djacent box	Ni	Refer below
	ss of each parcel of r ne Return Period	eal property in Australia ir	n which I had an inter		uture of my Interest: Select from drop-down list
MY PLACE	(S) OF LIVING (IN	WHICH I HAD AN INT	EREST):		
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Suburb and F	Post Code reca	cted for web	State: redacted	I.F. u	other" please specify here:
No:	Street:				vner Lessee
Suburb and F	Post Code:		State:		eneficiary Other other please specify here:
2.1	AL PROPERTY S'	TREET ADDRESS DET	TAILS:	Ov	vner Lessee
10:				Be	neficiary Other
Suburb and F	Post Code:		State:		other" please specify here:
lo:	Street:				vner Lessee oneficiary Other
Suburb and F	Post Code:		State:		other" please specify here:
SOUP	RCES OF INC	OME			
A TIP:	Only provide informati	on where the amount of incor	me from an occupation,	a Trust or other source	ce, exceeded \$500.
1 501	URCES OF MY IN	COME FROM AN OCC	LIPATION(S)		
		of income I received from r		any time during the	Return Period)
	of my Occupation(s) det, Project Officer,	Name and Address of E (if applicable)	mployer or Description	on of Office held	Name of Partnership (if applicable)
occupations inclu	ude: (i) an employee of Co	ouncil; (ii) an employee of other of	organisations; (iii) self-emp	loyed; (iv) a consultant;	(v) an Office holder in a Company
Councillor	/	Byron Shire Council, 70	Station Street Mullur	mbimby NSW 2482	
Blau	ney	Byran Ca	non unty	slege.	
		COME FROM A TRUS amounts, I received from		eturn Period)	
		lect the word 'Nil' in the ac		⇒ Nil,	Refer below □
NAME AND A		LOR (name of a person who	NAME AND A	DDRESS OF TRU	STEE
AMIT L					

TIPS: a Other Sources of Income may include income				
b You must include a description sufficient to id which, that income was received.	entify the person, prope	rty or business	activity from	n whom, or the circumstances
f you have nothing to declare, select the word 'Nil' in the	adjacent box		Nie	Refer below
GIFTS			1 100 M 1 100 100 100 100 100 100 100 10	
A TIP: Only include description of a single gift or multiple	le gifts from the same do	onor, the total	value of which	ch exceeded \$500
f you have nothing to declare, select the word 'Nil' in the and move to Section D	adjacent box	•	Nil	₹ Refer below □
f you declare a gift 🔱 then you MUST also complete a	Gifts and Benefits De	eclaration For	m	
DESCRIPTION OF EACH GIFT RECEIVED BY ME AT ANY TIME DURING THE RETURN PERIOD	NAME AND ADDRE	ESS OF GIFT	DONOR	
	April 1 feet of the second			
D CONTRIBUTIONS TO TRAVEL				
	rk-related travel			
CONTRIBUTIONS TO TRAVEL A TIP: Do not include payments by Council for your world you have nothing to declare, select the word 'Nil' in the land move to Section E		•	Nil	₹ Refer below □
A TIP: Do not include payments by Council for your world you have nothing to declare, select the word 'Nil' in the and move to Section E NAME AND ADDRESS OF EACH PERSON WHO MADE FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVEL			NAM OF T OTH	Refer below E OF STATES, TERRITORIES HE COMMONWEALTH AND ER COUNTRIES IN WHICH VEL WAS UNDERTAKEN
A TIP: Do not include payments by Council for your worf you have nothing to declare, select the word 'Nil' in the and move to Section E NAME AND ADDRESS OF EACH PERSON WHO MADE FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVEL	adjacent box DATES TRAVEL V		NAM OF T OTH	E OF STATES, TERRITORIES HE COMMONWEALTH AND ER COUNTRIES IN WHICH
A TIP: Do not include payments by Council for your worf you have nothing to declare, select the word 'Nil' in the and move to Section E NAME AND ADDRESS OF EACH PERSON WHO MADE FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVEL	adjacent box DATES TRAVEL V		NAM OF T OTH	E OF STATES, TERRITORIES HE COMMONWEALTH AND ER COUNTRIES IN WHICH
A TIP: Do not include payments by Council for your worf you have nothing to declare, select the word 'Nil' in the and move to Section E NAME AND ADDRESS OF EACH PERSON WHO MADE FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVEL	adjacent box DATES TRAVEL V		NAM OF T OTH	E OF STATES, TERRITORIES HE COMMONWEALTH AND ER COUNTRIES IN WHICH
A TIP: Do not include payments by Council for your worf you have nothing to declare, select the word 'Nil' in the and move to Section E NAME AND ADDRESS OF EACH PERSON WHO MADE FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVEL UNDERTAKEN BY ME DURING THE RETURN PERIOD	adjacent box DATES TRAVEL V UNDERTAKEN	VAS	NAM OF T OTH	E OF STATES, TERRITORIES HE COMMONWEALTH AND ER COUNTRIES IN WHICH
A TIP: Do not include payments by Council for your work f you have nothing to declare, select the word 'Nil' in the and move to Section E NAME AND ADDRESS OF EACH PERSON WHO MADE FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVEL JUNDERTAKEN BY ME DURING THE RETURN PERIOD TIPS: (i) Declare only if your shareholding was greater	DATES TRAVEL V UNDERTAKEN CORPORATIO than 10% of voting right	NS s in the corpor	NAM OF T OTH TRA'	E OF STATES, TERRITORIES THE COMMONWEALTH AND ER COUNTRIES IN WHICH VEL WAS UNDERTAKEN
A TIP: Do not include payments by Council for your work for you have nothing to declare, select the word 'Nil' in the and move to Section E NAME AND ADDRESS OF EACH PERSON WHO MADE FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVEL JUNDERTAKEN BY ME DURING THE RETURN PERIOD E INTERESTS AND POSITIONS IN CO.	DATES TRAVEL V UNDERTAKEN CORPORATIO than 10% of voting right	NS s in the corpor	NAM OF T OTH TRA'	E OF STATES, TERRITORIES THE COMMONWEALTH AND ER COUNTRIES IN WHICH VEL WAS UNDERTAKEN
A TIP: Do not include payments by Council for your world you have nothing to declare, select the word 'Nil' in the and move to Section E NAME AND ADDRESS OF EACH PERSON WHO MADE FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVEL UNDERTAKEN BY ME DURING THE RETURN PERIOD TIPS: (i) Declare only if your shareholding was greater shareholder) you held in a corporation (including not-for-present).	DATES TRAVEL V UNDERTAKEN CORPORATIO than 10% of voting right rofit corporation) such a	NS s in the corpor	NAM OF T OTH TRA'	THE OF STATES, TERRITORIES THE COMMONWEALTH AND ER COUNTRIES IN WHICH VEL WAS UNDERTAKEN Ou must declare any position (you held shares in the corporat

F \	WERE PROP	YOU A PROPERTY DEVELOPE ERTY DEVELOPER ON THE RE	R OR A CLOSE AS	SOCIATE O	F A
Yes [□No□				
G F	POSIT	IONS IN TRADE UNIONS OR PRO	OFESSIONAL OR B	USINESS AS	SOCIATION
		o not include general membership but include details o			
If you hand mo	have noth ove to Se	ning to declare, select the word 'Nil' in the adjace ection H	nt box	Nil □ Refer	below X
WHICH	N PERIO	TRADE UNION AND EACH PROFESSIONAL OR BUS NY POSITION (WHETHER REMUNERATED OR NOT D) AT ANY TIME DURING THE	DESCRIPTION O	FPOSITION
	1	earlier's Federa	tia WSW.		
н р	EBTS				
A bu	TIP: You	u do not need to provide information on (i) the amount iety, credit union or other financial institution such as fo	s of any debts; (ii) debts for less r your home mortgage, credit car	than \$500; (iii) debts	to any relative, bank,
If you h and mo	ave noth	ing to declare, select the word 'Nil' in the adjacen ction I	it box	Nil 📈 Refer	below □
NAME A	AND ADDR	RESS OF EACH PERSON OR ORGANISATION (CREI TURN PERIOD	DITOR) TO WHOM I WAS LIABL	E TO PAY ANY DEB	T AT ANY TIME
NAME O	OF CREDI	TOR	ADDRESS OF CREDITOR		
I D	ISPOS	SITIONS OF REAL PROPERTY			
TII	PS: You of each dishe right to of each dishe grant of a mortgage of late or covenion creation of transfer by transfer to	must disclose details: sposal of real property since your last return was made is repurchase the property; posal of real property by other persons or entities where a lease or licence for all or part of the land; e over your land; easement over land by which you retain the ability to us and (or grant of option by you) with (i) a lease or licence and over the land in favour of you; of an option to purchase land in favour of you; by you of a charge over your land; by you of an interest in your land to a Trustee of a Trust of land to your spouse or by your spouse to a third party of title of your land subject to you continuing to receive a	eby you wholly or partly obtained e the land; granted to you or a right for you of which you are a beneficiary;	the use of the proper	ty; disposal includes:
If you ha		ng to declare, select the word 'Nil' in the adjacent		Nil J Refer I	pelow □
Should and 188	you requ 3(2) of the	ire more detailed explanation on the information to Local Government (General) Regulation 2005 o	o be provided in this Section, r consult your solicitor	you should refer to	Clauses 188(1)
ગ 1	KETUR	CULARS OF EACH DISPOSITION OF REARN PERIOD AS A RESULT OF WHICH I REFIT OF THE PROPERTY OR THE RIGHT TO	TAINED, FITHER WHOLE	V OP IN DADT	THE HEE AND
No:		Street:	Suburb:	- SITTATALA	State:
No:		Street:	Suburb:		State:

⇒ 2 PAF	PTICLII ARS OF FACH DISPO	SITION OF REAL PROPERTY TO	A PERSON BY ANOTHER PERSON
UNI	SED ADDANCEMENTS MADE	ERV ME REING DISPOSITIONS M	ADE AT ANY TIME DURING THE WHOLLY OR IN PART, THE USE ANI
No:	Street:	Suburb:	State:
No:	Street:	Suburb:	State:
		NUDEC	
/ \	RETIONARY DISCLOS		
A TIP:	To be completed if you wish to	o make any additional disclosures	
f you have n	othing to declare, select the word on and Date to complete this Retur	'Nii' in the adjacent box	Nil → Refer below □
MY SIGNA	The state of the s	edacted for web	
DATE SIG	INED: 22	3.2022.	

- Ensure that wherever you had nothing to declare, that you have selected the word 'Nil' from the dropdrown menu.
- Sign and date this page.
- Your form should then be brought in person to the General Manager or to the Governance Coordinator (Mila Jones), or provided electronically to mjones@byron.nsw.gov.au.

me Can General Manager

Mar 28, 2022 Date



MY FULL NA	AME	GIVI	EN NAME: DUNCA	N	SURNAM	ME: DEY	
AS AT (return date): 22 DECEMBER 2021							
A REAL PROPERTY							
A TIP: You must include: (i) the street address of properties anywhere in Australia that you had an interest in at any time during the Return Period; (ii) the nature of your interest, ie Owner, Lessee, Beneficiary, Other							
If you have nothing to declare, select the word 'Nil' in the adjacent box and move on to Section B							
Street address of time during the R			eal property in Australia in v	vhich I had an inter	est at any		e of my Interest: Select from op-down list
MY PLACE(S)	OF LIVIN	G (IN	WHICH I HAD AN INTE	REST):			
No:	Street: 1	edact	ed for web			Owne	r
Suburb and Post	Code: red	lacted f	for web	State: redacted for we			
No:	Street:					Selec	t from List
Suburb and Post	Code:			State:			
OTHER REAL	PROPER	TY ST	REET ADDRESS DETA	AILS:			
No:	Street:					Selec	t from List
Suburb and Post	Code:			State:			
No:	Street:					Selec	t from List
Suburb and Post	Code:			State:			
B SOURC	ES OF	INC	OME				
公 A TIP : Onl	y provide in	formatio	on where the amount of income	from an occupation	a Trust or othe	r source,	exceeded \$500.
			COME FROM AN OCCU		any time durin	g the Re	atum Period)
Description of my	/ Occupation	on(s)	Name and Address of En (if applicable)				Name of Partnership (if applicable)
Manager, etc Occupations include	(i) an employ	ree of Co	uncil, (ii) an employee of other org	anisations, (iii) self-em	ployed, (iv) a cons	sultant. (v)	an Office holder in a Company
Councillor			Byron Shire Council, 70 S	Station Street Mullu	mbimby NSW	2482	
Civiel Engineer			self-employed				
The state of the s			COME FROM A TRUST amounts, I received from a	Trust during the R	etum Period)		
			ect the word 'Nil' in the adja		0	Nil	
NAME AND ADE created the Trust)	DRESS OF	SETTI	LOR (name of a person who	NAME AND	ADDRESS OF	TRUST	EE

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3 OTHER SOURCES OF MY INCOME (sources of other income, not amounts, I re	ceived at any time durin		
TIPS: a Other Sources of Income may include inc b You must include a description sufficient which, that income was received.			
If you have nothing to declare, select the word 'Nil' in	the adjacent box	S SOMEOB R	efer Below 1 (1992) 174. 7
age pension			-
			1 12.79 16/16/17 1/4.1.0
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C GIFTS WELLS THE STATE OF THE	×od Inequipe er	sect the word 'skil' in th	if you have nothing to deglate, so
A TIP: Only include description of a single gift or m	ultiple gifts from the same o	lonor, the total value of v	which exceeded \$500
If you have nothing to declare, select the word 'Nil' in and move to Section D	the adjacent box	Nil Strategy Nil	bolist at the state of state of the state of
If you declare a gift 0 then you MUST also complete	e a Gifts and Benefits D	eclaration Form	es apres sancra de vivil
DESCRIPTION OF EACH GIFT RECEIVED BY ME AT ANY TIME DURING THE RETURN PERIOD	NAME AND ADDR	ESS OF GIFT DONOR	Street Court
	New Control	1	A. S. A. Starter, Louis
s, j se "Pedyla"			6.5
D CONTRIBUTIONS TO TRAVEL	Sittle 1		
A TIP: Do not include payments by Council for your	work-related travel	2/8/1/18/19/19	TACH SOME DESCRIPTION
If you have nothing to declare, select the word 'Nil' in and move to Section E	the adjacent box) Ni	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
NAME AND ADDRESS OF EACH PERSON WHO MADE FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVEL UNDERTAKEN BY ME DURING THE RETURN PERIOD	DATES TRAVEL UNDERTAKEN	OI O'	AME OF STATES, TERRITORIES F THE COMMONWEALTH AND THER COUNTRIES IN WHICH RAVEL WAS UNDERTAKEN
		7.2	
		1277	
E INTERESTS AND POSITIONS IN	CORPORATIO	NS WALLERON RI	SOUNDES OF MY II
TIPS: (i) Declare only if your shareholding was great shareholder) you held in a corporation (including not-for the position was a paid position	tter than 10% of voting right or-profit corporation) such a	ts in the corporation (ii) s Director, whether or no	You must declare any position (not by you held shares in the corporation
If you have nothing to declare, select the word 'Nil' in and move to Section F	the adjacent box	Nil Spire Count	1936. 4st
NAME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION AT ANY TIME DURING THE RETURN PERIOD	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)
	7 18534 5 3	F 0 (+ 1) (0) -	1,420,000,000,000,000

F WERE YOU A PROPERTY DEVELOPER OR A CLOSE ASSOCIATE OF A PROPERTY DEVELOPER ON THE RETURN DATE?

No

G POSITIO	ONS IN TRADE UNIONS OR PRO	EESSIONAL OP BU	ISINESS VSS	COCIATIONS
	not include general membership but include details of a			OCIATIONS
	ng to declare, select the word 'Nil' in the adjacent		Refer Below	
	RADE UNION AND EACH PROFESSIONAL OR BUSIN Y POSITION (WHETHER REMUNERATED OR NOT) A		DESCRIPTION OF F	POSITION
Institution of Eng	ineers Australia		member	
H DEBTS				
A TIP: You building socie	do not need to provide information on (i) the amounts of	of any debts; (ii) debts for less the	nan \$500; (iii) debts to or department store	any relative, bank,
If you have nothing and move to Sec	ng to declare, select the word 'Nil' in the adjacent tion I	box	Nil	
NAME AND ADDR DURING THE RET	ESS OF EACH PERSON OR ORGANISATION (CREDI URN PERIOD	TOR) TO WHOM I WAS LIABLE	TO PAY ANY DEBT	AT ANY TIME
NAME OF CREDIT	OR	ADDRESS OF CREDITOR		
I DISPOS	SITIONS OF REAL PROPERTY		***************************************	
of each dis the right to of each dis grant of a mortgage grant of e sale of la or covena creation of transfer b transfer b	must disclose details: posal of real property since your last return was made b repurchase the property; posal of real property by other persons or entities where a lease or licence for all or part of the land; e over your land; easement over land by which you retain the ability to use and (or grant of option by you) with (i) a lease or licence of ant over the land in favour of you; of an option to purchase land in favour of you; on you of a charge over your land; on you of an interest in your land to a Trustee of a Trust of land to your spouse or by your spouse to a third party of title of your land subject to you continuing to receive a	e the land; granted to you or a right for you t of which you are a beneficiary; whereby you continue to occupy	the use of the propert	y; disposal includes:
If you have nothing and move to Sec	ng to declare, select the word 'Nil' in the adjacent tion J	pox	Nil	
	ire more detailed explanation on the information to e Local Government (General) Regulation 2005 or		you should refer to	Clauses 188(1)
RETUR	CULARS OF EACH DISPOSITION OF REA RN PERIOD AS A RESULT OF WHICH I RE FIT OF THE PROPERTY OR THE RIGHT TO	TAINED, EITHER WHOL	LY OR IN PART,	THE USE AND
No:	Street:	Suburb:		State:
No:	Street:	Suburb:		State:

U	ARTICULARS OF EACH DISPOSITION INDER ARRANGEMENTS MADE BY W ETURN PERIOD, AS A RESULT OF W ENEIFIT OF THE PROPERTY	N OF REAL PROPERTY TO A PE IE, BEING DISPOSITIONS MADE	ERSON BY ANOTHER PERSON E AT ANY TIME DURING THE
No:	Street:	Suburb:	State:
No:	Street:	Suburb:	State:
J DIS	CRETIONARY DISCLOSURE	s was the partie within the terms or S	. Mydd gaellaeth a ta deillag actud th Ferdin over 10 J.e. 50 - H
公ATII	?: To be completed if you wish to make	any additional disclosures	en ye sherikti ne tyabi nga katalog katalog
	e nothing to declare, select the word 'Nii' in the Sign and Date to complete this Return	ne adjacent box	Nil

200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 -		redacted for web			
MY SIGNATURE:			***************************************	(0)	
DATE SIGNED:	23 Februar	y 2022			

- Ensure that wherever you had nothing to declare, that you have selected the word 'Nil' from the dropdrown menu.
- Sign and date this page.
- Your form should then be brought in person to the General Manager or to the Governance Coordinator (Mila Jones), or provided electronically to mjones@byron.nsw.gov.au.

me Com	1130 61 4	32 J. 'F':	24-Feb-2022	
General Manage	er		Date	



MY FULL NAME

DISCLOSURE OF INTERESTS FORM

GIVEN NAME: WALLACE ALAN

REQUIRED TO BE LODGED UNDER CLAUSE 4.9 OF COUNCIL'S CODE OF CONDUCT FOR COUNCILLORS 2020

SURNAME: HUNTER

AS AT (retu	rn date): 22	DECEMBER 2021			
A REAL F	PROPERTY				4
A TIP: \ Retum Pe	ou must include: (include: (ii) the nature) the street address of propertion of your interest, ie Owner, Les	es anywhere in Australia that you ha	d an inter	est in at any time during the
-	ing to declare, sel	ect the word 'Nil' in the adja		Refer	Below
Street address of time during the F		eal property in Australia in v	which I had an interest at any		re of my Interest: Select from rop-down list
MY PLACE(S)	OF LIVING (IN	WHICH I HAD AN INTE	REST):		
No: redacte	Street: redacted	d for web		Owne	er
Suburb and Pos	t Code: redacted f	or web	State: redacted for w	1	
No:	Street:			Selec	et from List
Suburb and Pos	t Code:		State:		
OTHER REAL	PROPERTY ST	TREET ADDRESS DETA	AILS:	1	
No:	Street:		1	Selec	t from List
Suburb and Pos	t Code:		State:	1	
No:	Street:			Selec	t from List
Suburb and Pos	t Code:		State:		
B SOURC	ES OF INC	OME			
A TIP: On	ly provide information	on where the amount of income	e from an occupation, a Trust or othe	r source,	exceeded \$500.
		COME FROM AN OCCU fincome I received from my	PATION(S) Occupation(s) at any time durin	g the Re	eturn Period)
Description of m eg Labourer, Cadet, I Manager, etc		Name and Address of Em (if applicable)	aployer or Description of Office he	∍ld	Name of Partnership (if applicable)
Occupations include:	(i) an employee of Co	uncil; (ii) an employee of other org	anisations; (iii) self-employed; (iv) a cons	ultant; (v)	an Office holder in a Company
Councillor		Byron Shire Council, 70 S	Station Street Mullumbimby NSW	2482	
Self employed		Farmer and associated but	usiness		
		COME FROM A TRUST amounts, I received from a	Trust during the Return Period)		
If you have nothi	ng to declare, sel	ect the word 'Nil' in the adja	icent box	Nil	
NAME AND ADE created the Trust)	DRESS OF SETTI	LOR (name of a person who	NAME AND ADDRESS OF	TRUST	EE
					*

3 OTHER SOURCES OF MY INCOME (sources of other income, not amounts, I recome)	received a	t anv time durin	on the Return Pe	eriod)	
Other Sources of Income may include in b You must include a description sufficien which, that income was received.	ncome from	rental property,	investments, busir	ness ac	tivities, welfare payments; rom whom, or the circumstances in
If you have nothing to declare, select the word 'Nil' i	in the adja	cent box	•	Nil	
·					
C GIFTS					
A TIP: Only include description of a single gift or n	multiple gift	s from the same of	donor, the total val	ue of w	hich exceeded \$500
If you have nothing to declare, select the word 'Nil' in and move to Section D			9	Nil	
If you declare a gift U then you MUST also comple	ete a Gifts	and Benefits D	eclaration Form		
DESCRIPTION OF EACH GIFT RECEIVED BY ME AT AN TIME DURING THE RETURN PERIOD	IY N	AME AND ADDR	ESS OF GIFT DO	NOR	
				with the second	
D CONTRIBUTIONS TO TRAVEL					
A TIP: Do not include payments by Council for you	ır work-rela	ted travel			
If you have nothing to declare, select the word 'Nil' in and move to Section E	the adjac	cent box	9	Nil	
NAME AND ADDRESS OF EACH PERSON WHO MADE FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVE UNDERTAKEN BY ME DURING THE RETURN PERIOD	il.	DATES TRAVEL V INDERTAKEN	VAS	OF OT	ME OF STATES, TERRITORIES THE COMMONWEALTH AND HER COUNTRIES IN WHICH AVEL WAS UNDERTAKEN
E INTERESTS AND POSITIONS II	N COR	PORATIO	NS	. 0	
TIPS: (i) Declare only if your shareholding was great shareholder) you held in a corporation (including not-for the position was a paid position	ater than 19 for-profit co	0% of voting right rporation) such as	s in the corporatio s Director, whethe	n (ii) \ r or not	ou must declare any position (not you held shares in the corporation
If you have nothing to declare, select the word 'Nil' in and move to Section F	the adjac	ent box	(Nil	
NAME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION AT ANY TIME DURING THE RETURN PERIOD	NATURE (IF ANY) EG SHAREI	OF INTEREST	DESCRIPTION (IF A EG DIRECTOR, COM SECRETARY	NY)	PRINCIPAL OBJECTS OF CORPORATION (EXCEPT IN CASE OF LISTED COMPANY)
			-		

F WERE YOU A PROPERTY DEVELOPER OR A CLOSE ASSOCIATE OF A PROPERTY DEVELOPER ON THE RETURN DATE? No

G POSIT	IONS IN TRADE UNIONS OR PRO	FESSIONAL OR BI	USINESS ASS	SOCIATIONS
ATIP: 0	o not include general membership but include details of	any positions held whether remu	unerated or not	
If you have not	ning to declare, select the word 'Nil' in the adjacent action H	t box	Nii	
NAME OF EACH WHICH I HELD A RETURN PERIO	TRADE UNION AND EACH PROFESSIONAL OR BUS INY POSITION (WHETHER REMUNERATED OR NOT) D	INESS ASSOCIATION IN AT ANY TIME DURING THE	DESCRIPTION OF	POSITION
H DEBTS	3			
A TIP: Yo building soo	ou do not need to provide information on (i) the amounts ciety, credit union or other financial institution such as for	of any debts; (ii) debts for less your home mortgage, credit car	than \$500; (iii) debts to d or department store	any relative, bank,
If you have noth	ning to declare, select the word 'Nil' in the adjacent ection I	box 🤤	Refer Below	
NAME AND ADD DURING THE RE	RESS OF EACH PERSON OR ORGANISATION (CRED TURN PERIOD	OITOR) TO WHOM I WAS LIABL	E TO PAY ANY DEBT	AT ANY TIME
NAME OF CRED	ITOR	ADDRESS OF CREDITOR		
Westpac		Frome St Moree 2400		
	SITIONS OF REAL PROPERTY			
of each dithe right to of each die grant of mortgage grant of sale of lor cover creation transfer transfer	u must disclose details: sposal of real property since your last return was made to repurchase the property; sposal of real property by other persons or entities where a lease or licence for all or part of the land; se over your land; easement over land by which you retain the ability to use and (or grant of option by you) with (i) a lease or licence mant over the land in favour of you; of an option to purchase land in favour of you; by you of a charge over your land; by you of an interest in your land to a Trustee of a Trust of land to your spouse or by your spouse to a third party of title of your land subject to you continuing to receive a	eby you wholly or partly obtained e the land; granted to you or a right for you of which you are a beneficiary; whereby you continue to occur	I the use of the proper to repurchase the land	ty; disposal includes:
If you have noth and move to Se	ing to declare, select the word 'Nil' in the adjacent ction J	box	Nil	
Should you requand 188(2) of the	uire more detailed explanation on the information to the Local Government (General) Regulation 2005 o	o be provided in this Section, r consult your solicitor	, you should refer to	Clauses 188(1)
RETU	ICULARS OF EACH DISPOSITION OF REA RN PERIOD AS A RESULT OF WHICH I RE FIT OF THE PROPERTY OR THE RIGHT TO	TAINED, EITHER WHOL	LY OR IN PART.	THE USE AND
No:	Street:	Suburb:		State:
				1

Suburb:

Street:

No:

State:

No:	Street:	Suburb:	State:
No:	Street:	Suburb:	State:
	CRETIONARY DISCLO	to make any additional disclosures	
U A Z U			

MY SIGNATURE:	redacted for web	
DATE SIGNED:	26.01.22	

- Ensure that wherever you had nothing to declare, that you have selected the word 'Nil' from the dropdrown menu.
- Sign and date this page.
- Your form should then be brought in person to the General Manager or to the Governance Coordinator (Mila Jones), or provided electronically to mjones@byron.nsw.gov.au.

Mal Comer	
General	Manager

Feb 10, 2022 Date



MY FULL N	NAME GI	VEN NAME: MICH	HAEL SI	URNAME:	LYON
AS AT (ret	urn date): 2	2 DECEMBER 2021			
A REAL	PROPERTY	1			
Return P	eriod; (ii) the natur	(i) the street address of propertice of your interest, ie Owner, Les	es anywhere in Australia th see, Beneficiary, Other	nat you had an inte	rest in at any time during the
f you have noth and move on to		elect the word 'Nil' in the adja	cent box	Nile	Refer below
Street address ime during the	of each parcel of Return Period	real property in Australia in v	vhich I had an interest a		re of my Interest: Select fro rop-down list
MY PLACE(S) OF LIVING (IN	WHICH I HAD AN INTE	REST):		
redacted for web	Street: rec	acted for web		Own	
Suburb and Pos		ted for web	State: redacted for web		eficiary Other her" please specify here:
 No:	Street:			Own	
Suburb and Pos	st Code:		State:		eficiary Other her" please specify here:
OTHER REAL lo:	Street:	TREET ADDRESS DETA	ILS:	Own	er 🗆 Lessee 🗈
				Bene	eficiary Other
Suburb and Pos	st Code:		State:	It "oti	ner" please specify here:
10:	Street:			Owne	er : Lessee : Other :
Suburb and Pos	st Code:		State:	If "oth	ner" please specify here:
SOURC	CES OF INC	OME			
A TIP: Or	nly provide informati	on where the amount of income	from an occupation, a Trus	st or other source,	exceeded \$500.
_					
1 SOUR (source	es, not amounts, o	COME FROM AN OCCUR of income I received from my	Occupation(s) at any tir	me during the Re	turn Period)
escription of m Labourer, Cadet, anager, etc	ny Occupation(s) Project Officer,	Name and Address of Emp (if applicable)	oloyer or Description of	Office held	Name of Partnership (if applicable)
ccupations include:	(i) an employee of Co	ouncil; (ii) an employee of other orga	nisations; (iii) self-employed;	(iv) a consultant; (v)	an Office holder in a Company
	layar	Byron Shire Council, 70 St			
GM	050 05 100 101	Mullim SEED, 156	o atvartit, 4	N 4	
		COME FROM A TRUST amounts, I received from a 7	Trust during the Return I	Period)	
		lect the word 'Nil' in the adjac		Nil 🗷	Refer below □
	ing to declare, se	lect the word. Will in the aujac			
you have noth		LOR (name of a person who	NAME AND ADDR	ESS OF TRUST	EE

⇒ 3 OTHER SOURCES OF MY INCOME				-
(sources of other income, not amounts, I rect	eived at any time during i	the Return Per	riod)	
Other Sources of Income may include inco b You must include a description sufficient to which, that income was received.	me from rental property, invidentify the person, propert	estments, busin y or business ac	ess activit	ies, welfare payments; whom, or the circumstances in
If you have nothing to declare, select the word 'Nil' in the	ne adjacent box	3	Nil 🗷	Refer below
O CIETO				
C GIFTS A TIP: Only include description of a single gift or mul	tiple gifts from the same do	nor, the total val	ue of whic	h exceeded \$500
If you have nothing to declare, select the word 'Nil' in tand move to Section D		•		Refer below □
If you declare a gift U then you MUST also complete	a Gifts and Benefits Dec	claration Form		4
DESCRIPTION OF EACH GIFT RECEIVED BY ME AT ANY TIME DURING THE RETURN PERIOD	NAME AND ADDRE			. (
	- 2	2	(*) G	
		•		•
D 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 t and move to Section E	he adjacent box	•	Nil	Refer below □
NAME AND ADDRESS OF EACH PERSON WHO MADE FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVEL UNDERTAKEN BY ME DURING THE RETURN PERIOD	DATES TRAVEL W UNDERTAKEN	/AS	OF T	E OF STATES, TERRITORIES HE COMMONWEALTH AND ER COUNTRIES IN WHICH VEL WAS UNDERTAKEN
	L CORRODATIO	10		
E INTERESTS AND POSITIONS IN				
TIPS: (i) Declare only if your shareholding was great shareholder) you held in a corporation (including not-form the position was a paid position	ter than 10% of voting rights or-profit corporation) such as	s in the corporati s Director, wheth	ion (ii) Y ner or not y	ou must declare any position (not you held shares in the corporation
If you have nothing to declare, select the word 'Nil' in and move to Section F	the adjacent box	\$	Nil 🗷	Refer below □
NAME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION AT ANY TIME DURING THE RETURN PERIOD	NATURE OF INTEREST (IF ANY) EG SHAREHOLDER	DESCRIPTION POSITION (IF EG DIRECTOR, CO SECRETARY	ANY)	PRINCIPAL OBJECTS OF CORPORATION (EXCEPT IN CASE OF LISTED COMPANY)

Vacal					
res 🗆	No 🗹				
G PO	SITIONS IN TRADE UNIONS C	R PROFESSIO	NAL OR E	BUSINESS AS	SOCIATION
公 AT	TIP: Do not include general membership but includ	e details of any positions	held whether ren	nunerated or not	
	ve nothing to declare, select the word 'Nil' in the e to Section H	e adjacent box	-	Nil ৄ Refer	below □
NAME OF WHICH I H RETURN F	EACH TRADE UNION AND EACH PROFESSIONA IELD ANY POSITION (WHETHER REMUNERATED PERIOD	AL OR BUSINESS ASSO O OR NOT) AT ANY TIME	CIATION IN E DURING THE	DESCRIPTION OF	POSITION
H DE	BTS				
buildi	P: You do not need to provide information on (i) the ing society, credit union or other financial institution	ne amounts of any debts; such as for your home m	(ii) debts for less ortgage, credit ca	s than \$500; (iii) debts t ard or department store	to any relative, bank,
	e nothing to declare, select the word 'Nil' in the to Section I	e adjacent box	3	Nil ™ Refer	below □
NAME AND	O ADDRESS OF EACH PERSON OR ORGANISATI HE RETURN PERIOD	ON (CREDITOR) TO WH	HOM I WAS LIAB	LE TO PAY ANY DEB	T AT ANY TIME
NAME OF	CREDITOR	ADDRESS	OF CREDITOR		
DIS	SPOSITIONS OF REAL PROPE	RTV			
TIPS	You must disclose details: each disposal of real property since your last return veright to repurchase the property; each disposal of real property by other persons or ererant of a lease or licence for all or part of the land; nortgage over your land;	was made by which you w			
of e gray gray sa or cr cr tra tra	reart of easement over land by which you retain the a ale of land (or grant of option by you) with (i) a lease or covenant over the land in favour of you; reation of an option to purchase land in favour of you reation by you of a charge over your land; ansfer by you of an interest in your land to a Trustee ansfer of land to your spouse or by your spouse to a ansfer of title of your land subject to you continuing to	or licence granted to you u; of a Trust of which you a third party whereby you	are a beneficiary;		d, (ii) or an easemen
of e gri gri gri sa or cr cr cr tra tra tra	rant of easement over land by which you retain the a ale of land (or grant of option by you) with (i) a lease r covenant over the land in favour of you; reation of an option to purchase land in favour of you reation by you of a charge over your land; ansfer by you of an interest in your land to a Trustee ansfer of land to your spouse or by your spouse to a	or licence granted to you u; e of a Trust of which you a third party whereby you to receive a benefit, eg re	are a beneficiary;	by the land;	d, (ii) or an easemen
of e gray gray gray gray gray gray gray gray	rant of easement over land by which you retain the a ale of land (or grant of option by you) with (i) a lease r covenant over the land in favour of you; reation of an option to purchase land in favour of you reation by you of a charge over your land; ansfer by you of an interest in your land to a Trustee ansfer of land to your spouse or by your spouse to a ansfer of title of your land subject to you continuing to e nothing to declare, select the word 'Nil' in the	or licence granted to you at third party whereby you to receive a benefit, eg re e adjacent box	are a beneficiary; continue to occup nt from the land.	oy the land;	below □
of e gray gray gray gray gray gray gray gray	rant of easement over land by which you retain the a cale of land (or grant of option by you) with (i) a lease or covenant over the land in favour of you; reation of an option to purchase land in favour of you reation by you of a charge over your land; cansfer by you of an interest in your land to a Trustee cansfer of land to your spouse or by your spouse to a cansfer of title of your land subject to you continuing the nothing to declare, select the word 'Nil' in the to Section July require more detailed explanation on the infect of the Local Government (General) Regulation of the Local General (Gen	or licence granted to you at the control of a Trust of which you at third party whereby you at third party whereby you are receive a benefit, eg rest adjacent box ormation to be provided on 2005 or consult you OF REAL PROPER ICH I RETAINED, E	are a beneficiary; continue to occup nt from the land. d in this Section r solicitor	Nil Refer	below Clauses 188(1) ING THE THE USE AND
of e gray gray gray gray gray gray gray gray	rant of easement over land by which you retain the a ale of land (or grant of option by you) with (i) a lease or covenant over the land in favour of you; reation of an option to purchase land in favour of you reation by you of a charge over your land; ansfer by you of an interest in your land to a Trustee ansfer of land to your spouse or by your spouse to a ansfer of title of your land subject to you continuing the nothing to declare, select the word 'Nil' in the to Section J The require more detailed explanation on the infect of the Local Government (General) Regulation.	or licence granted to you at the control of a Trust of which you at third party whereby you at third party whereby you are receive a benefit, eg rest adjacent box ormation to be provided on 2005 or consult you OF REAL PROPER ICH I RETAINED, E	are a beneficiary; continue to occup nt from the land. d in this Section r solicitor	Nil Refer	below Clauses 188(1) ING THE THE USE AND

No:	Street:	5	uburb:	State:
No:	Street:	5	uburb:	State:
and go t	ave nothing to declare, select the wor to Sign and Date to complete this Ref	turn		



redacted for web MY SIGNATURE: 24-3-22 DATE SIGNED:

NEXT STEPS:

- Ensure that wherever you had nothing to declare, that you have selected the word 'Nil' from the dropdrown menu.
- Sign and date this page.
- Your form should then be brought in person to the General Manager or to the Governance Coordinator (Mila Jones), or provided electronically to mjones@byron.nsw.gov.au.

General Manager

Mar 28, 2022

Date



MY FULL N	NAME	GIVEN NAME: SAR	RAH	SURNAN	ИЕ: ₁	VDIAYE
AS AT (ret	urn date): 22 DECEMBER 2021				
A DEAL	DDODE	DTV				
	PROPE					
A TIP: Return P	You must inc eriod; (ii) the	clude: (i) the street address of propert a nature of your interest, ie Owner, Les	ies anywhere in Austra ssee, Beneficiary, Othe	lia that you had er	d an intere	est in at any time during the
If you have not	_	are, select the word 'Nil' in the adj	acent box		Nil 🗆	Refer below 🗹
Street address time during the		cel of real property in Australia in o	which I had an intere	est at any	Nature the dr	e of my Interest: Select from rop-down list
MY PLACE(S) OF LIVIN	IG (IN WHICH I HAD AN INTE	EREST):			
No:	Street:	redacted for w	eb		Owne	er Lessee ficiary Other
Suburb and Pos	st Code:	redacted for web	State: redacte	d for web	15 "-46	ner" please specify here:
No:	Street:				Owne	
Suburb and Pos	st Code:		State:			ficiary □ Other □ ner" please specify here:
OTHER REAL	PROPER	TY STREET ADDRESS DETA	All S.			
No: redacted for w	Street:	redacted f			Owne	
Suburb and Pos	st Code:	edacted for web	State: redacted for w	reb		ficiary □ Other □ ler" please specify here:
No:	Street:				Owne	
Suburb and Pos	st Code:		State:			ficiary Other er" please specify here:
B SOURCE	CES OF	INCOME				
A TIP: O	nly provide in	formation where the amount of income	e from an occupation, a	Trust or other	source, e	exceeded \$500.
1 SOUR	CES OF N	Y INCOME FROM AN OCCU	PATION(S)			
		unts, of income I received from my				turn Period)
Description of m eg Labourer, Cadet, Manager, etc			nployer or Description	n of Office he	ld	Name of Partnership (if applicable)
Occupations include	: (i) an employ	ee of Council; (ii) an employee of other org	anisations; (iii) self-emplo	oyed; (iv) a consu	ultant; (v)	an Office holder in a Company
Councillor		Byron Shire Council, 70 S				
Subjeachaste	sh Teau	her Shearwater Stei	ner School,	Mullornbia	nby	
		IY INCOME FROM A TRUST be, not amounts, I received from a	Trust during the Ret	turn Period)		/
		re, select the word 'Nil' in the adja		>	Nil 🗹	Refer below □
NAME AND AD created the Trust)		SETTLOR (name of a person who	NAME AND AL	ODRESS OF	TRUST	EE

TIPS: a Other Sources of Income may include income from rental property, investments, business activities b You must include a description sufficient to identify the person, property or business activity from whether the person is a second of the person	
which, that income was received.	, welfare payments; nom, or the circumstances in
f you have nothing to declare, select the word 'Nil' in the adjacent box	Refer below □
C GIFTS	
A TIP: Only include description of a single gift or multiple gifts from the same donor, the total value of which e	xceeded \$500
If you have nothing to declare, select the word 'Nil' in the adjacent box and move to Section D	Refer below □
f you declare a gift 🔱 then you MUST also complete a Gifts and Benefits Declaration Form	
DESCRIPTION OF EACH GIFT RECEIVED BY ME AT ANY TIME DURING THE RETURN PERIOD NAME AND ADDRESS OF GIFT DONOR	(
D 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 move to Section E	Refer below □
	OF STATES, TERRITORIES
FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVEL UNDERTAKEN UNDERTAKEN UNDERTAKEN BY ME DURING THE RETURN PERIOD OTHER	COMMONWEALTH AND COUNTRIES IN WHICH WAS UNDERTAKEN
FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVEL UNDERTAKEN UNDERTAKEN UNDERTAKEN BY ME DURING THE RETURN PERIOD OTHER	COMMONWEALTH AND COUNTRIES IN WHICH
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E INTERESTS AND POSITIONS IN CORPORATIONS	COMMONWEALTH AND COUNTRIES IN WHICH WAS UNDERTAKEN must declare any position (no
E INTERESTS AND POSITIONS IN CORPORATIONS TIPS: (i) Declare only if your shareholding was greater than 10% of voting rights in the corporation (ii) You shareholder) you held in a corporation (including not-for-profit corporation) such as Director, whether or not you or the position was a paid position If you have nothing to declare, select the word 'Nil' in the adjacent box	COMMONWEALTH AND COUNTRIES IN WHICH WAS UNDERTAKEN must declare any position (no
E INTERESTS AND POSITIONS IN CORPORATIONS TIPS: (i) Declare only if your shareholding was greater than 10% of voting rights in the corporation (ii) You shareholder) you held in a corporation (including not-for-profit corporation) such as Director, whether or not you or the position was a paid position If you have nothing to declare, select the word 'Nil' in the adjacent box and move to Section F NAME AND ADDRESS OF EACH CORPORATION IN WATURE OF INTEREST DESCRIPTION OF POSITION (IF ANY) POSITION (IF ANY) OF THE OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OF INTEREST DESCRIPTION OF POSITION (IF ANY)	COMMONWEALTH AND COUNTRIES IN WHICH WAS UNDERTAKEN must declare any position (no held shares in the corporation

F WERE	YOU A PROPERTY DEVELOPE ERTY DEVELOPER ON THE RE	R OR A CLOSE AS	SOCIATE OF	A
Yes □ No №				
G POSIT	IONS IN TRADE UNIONS OR PRO	OFESSIONAL OR B	USINESS AS	SOCIATION
從 A TIP: □	o not include general membership but include details o	f any positions held whether rem	unerated or not	
If you have not and move to Se	ning to declare, select the word 'Nil' in the adjace action H	nt box	Nil 🖾 Refer	below □
NAME OF EACH WHICH I HELD A RETURN PERIO	TRADE UNION AND EACH PROFESSIONAL OR BUS NY POSITION (WHETHER REMUNERATED OR NOT D	SINESS ASSOCIATION IN) AT ANY TIME DURING THE	DESCRIPTION OF	POSITION
H DEBTS				
A TIP: You building soo	u do not need to provide information on (i) the amount iety, credit union or other financial institution such as fo	s of any debts; (ii) debts for less r your home mortgage, credit car	than \$500; (iii) debts t	o any relative, bank,
If you have noth and move to Se	ing to declare, select the word 'Nil' in the adjacer ction I	nt box	Nil 🖾 Refer	below □
NAME AND ADD DURING THE RE	RESS OF EACH PERSON OR ORGANISATION (CREI TURN PERIOD	DITOR) TO WHOM I WAS LIABL	E TO PAY ANY DEBT	AT ANY TIME
NAME OF CRED	TOR	ADDRESS OF CREDITOR		
DICDO	OLTIONO OF BEAL BRODES			
• of each di the right to • of each di • grant of • mortgag • grant of • sale of la or cover • creation • creation	must disclose details: sposal of real property since your last return was made a repurchase the property; sposal of real property by other persons or entities where a lease or licence for all or part of the land; e over your land; easement over land by which you retain the ability to us used for grant of option by you) with (i) a lease or licence and over the land in favour of you; of an option to purchase land in favour of you; by you of a charge over your land; by you of an interest in your land to a Trustee of a Truste	eeby you wholly or partly obtained se the land; granted to you or a right for you	I the use of the proper	ty; disposal includes
transfer	of land to your spouse or by your spouse to a third party of title of your land subject to you continuing to receive a	whereby you continue to occur	y the land;	
	ng to declare, select the word 'Nil' in the adjacent		Nil 🖾 Refer l	pelow □
Should you requand 188(2) of the	ire more detailed explanation on the information e Local Government (General) Regulation 2005 c	to be provided in this Section, or consult your solicitor	, you should refer to	Clauses 188(1)
RETU	CULARS OF EACH DISPOSITION OF REARN PERIOD AS A RESULT OF WHICH I REFIT OF THE PROPERTY OR THE RIGHT TO	TAINED, EITHER WHOL	LY OR IN PART	THE LISE AND
No:	Street:	Suburb:	- ALALA	State:
No:	Street:	Suburb:		State:

RET	ED ADDANCEM	ENTS MADE BY ME S A RESULT OF WH	OF REAL PROPE , BEING DISPOSI IICH I OBTAINED	TIONS MAD	EAI ANY IIME	DUKING THE
lo:	Street:		Suburb:			State:
lo:	Street:		Suburb:			State:
DISCI	RETIONARY	DISCLOSURES	3			
		if you wish to make a		osures		
vou have no		elect the word 'Nil' in the		•	Nil ☑ Ref	er below 🗆
		redacted for	web		×	
IY SIGNA	TURE:	<u> </u>	,			3 W
ATE SIG	NED:	10.02.8	2022	-		
ark redding frifedigger bei gega						
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drown n Sign an	that wherever you menu. Ind date this page Irm should then b	e. De brought in perso	n to the General	Manager or	to the Governa	



MY FULL NAME	GIVEN NAME:	Asren		SURNAME	: Pugh
AS AT (return date	e): 22 DECEMBEI	R 2021			
A REAL PROPE	RTY				
A TIP: You must in Return Period; (ii) the	nclude: (i) the street address ne nature of your interest, ie	s of properties anyw Owner, Lessee, Be	here in Austra neficiary, Othe	ilia that you had an	interest in at any time during the
If you have nothing to declared move on to Section B		in the adjacent b	ox		elect from this drop-down list:
					Refer below
Street address of each pa time during the Return Pe	rcel of real property in Auriod	ustralia in which I	had an intere	est at any N	lature of my Interest: Select from ne drop-down list below
MY PLACE(S) OF LIVI		AN INTEREST):		
No: Street:	redacted for web			Se	elect from this drop-down list:
Suburb and Post Code:	redacted for web	State	redacted for web	If	"other" selected, specify details here
No: Street:				Se	elect from this drop-down list:
Suburb and Post Code:		State		If	"other" selected, specify details here
OTHER REAL PROPE	RTY STREET ADDRE	SS DETAILS:			
No: rectacles Street:	redacted for web				elect from this drop-down list:
Suburb and Post Code:	redacted for web	State	redacted for web		"other" selected, specify details here
No: Street:				Se	elect from this drop-down list:
Suburb and Post Code:		State		If '	other" selected, specify details here
D 0011D050 050					
B SOURCES OF	INCOME				
A TIP: Only provide in	nformation where the amour	nt of income from ar	occupation, a	a Trust or other sou	rce, exceeded \$500.
SOURCES OF (sources, not amo	MY INCOME FROM A punts, of income I receive	N OCCUPATIO	N(S) ation(s) at ar	ny time durina the	e Return Period)
Description of my Occupate g Labourer, Cadet, Project Office Manager, etc	ion(s) Name and Addr	ess of Employer			Name of Partnership (if applicable)
Occupations include: (i) an emplo	yee of Council; (ii) an employee	of other organisations	s; (iii) self-emplo	yed; (iv) a consultant	; (v) an Office holder in a Company
Councillor		uncil, 70 Station S			
Manager	Byron Bay Mue	esli, 4/3 Acacia S	Street Byron	Bay NSW 248	1
	MY INCOME FROM A me, not amounts, I receive		uring the Ret	urn Period)	
If you have nothing to decl					ect from this drop-down list:
NAME AND ADDRESS OF created the Trust)	SETTLOR (name of a pe	rson who NA	AME AND A	DDRESS OF TRU	JSTEE

3 OTHER SOURCES OF MY INCOME (sources of other income, not amounts, I received at any time during the Return Per	eriod)
Other Sources of Income may include income from rental property, investments, business a by You must include a description sufficient to identify the person, property or business a which, that income was received.	ness activities, welfare payments; activity from whom, or the circumstances in
If you have nothing to declare, select the word 'Nil' in the adjacent box	Select from this drop-down list: Refer below
Shares Enova Energy, VAS Vanguard ETF and SQ2 Block Inc	

C GIFTS			
A TIP: Only include description of a single gift or multiple	e gifts from the same do	nor, the total	value of which exceeded \$500
If you have nothing to declare, select the word 'Nil' in the	adjacent box	>	Select from this drop-down list:
and move to Section D			Nil
If you declare a gift $igcup $ then you MUST also complete a $igcup $	Gifts and Benefits De	claration Fo	orm
DESCRIPTION OF EACH GIFT RECEIVED BY ME AT ANY TIME DURING THE RETURN PERIOD	NAME AND ADDRE	SS OF GIFT	DONOR

D CONTRIBUTIONS TO TRAVEL \(\tilde{\text{L}} \) \(\text{A TIP:} \) 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 move to Section E \(\text{Nil} \) NAME AND ADDRESS OF EACH PERSON WHO MADE FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVEL UNDERTAKEN BY ME DURING THE RETURN PERIOD \(\text{DATES TRAVEL WAS UNDERTAKEN} \) \(\text{DATES TRAVEL WAS UNDERTAKEN} \) \(\text{OTHER COUNTRIES IN WHICH TRAVEL WAS UNDERTAKEN} \)

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 corporation or the position was a paid position Select from this drop-down list: 0 If you have nothing to declare, select the word 'Nil' in the adjacent box Refer below and move to Section F NATURE OF INTEREST **DESCRIPTION OF** PRINCIPAL OBJECTS OF NAME AND ADDRESS OF EACH CORPORATION IN POSITION (IF ANY) CORPORATION (EXCEPT IN WHICH I HAD AN INTEREST OR HELD A POSITION AT (IF ANY) EG SHAREHOLDER EG DIRECTOR, COMPANY SECRETARY CASE OF LISTED COMPANY) ANY TIME DURING THE RETURN PERIOD Muesli Production Shareholder Director Byron Bay Good Food Company Pty Ltd Trust Director Shareholder M Wheeler Pty Ltd

WERE YOU A PROPERTY DEVELOPER OR A CLOSE ASSOCIATE OF A PROPERTY DEVELOPER ON THE RETURN DATE? () No Yes G 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 Select from this drop-down list: If you have nothing to declare, select the word 'Nil' in the adjacent box and move to Section H Refer below NAME OF EACH TRADE UNION AND EACH PROFESSIONAL OR BUSINESS ASSOCIATION IN **DESCRIPTION OF POSITION** WHICH I HELD ANY POSITION (WHETHER REMUNERATED OR NOT) AT ANY TIME DURING THE **RETURN PERIOD** Australian Services Union (ACT and NSW Branch) Member **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 Select from this drop-down list: If you have nothing to declare, select the word 'Nil' in the adjacent box and move to Section I Refer below NAME AND ADDRESS OF EACH PERSON OR ORGANISATION (CREDITOR) TO WHOM I WAS LIABLE TO PAY ANY DEBT AT ANY TIME DURING THE RETURN PERIOD NAME OF CREDITOR ADDRESS OF CREDITOR **UBank** PO Box 1466 North Sydney NSW 2059 BankWest PO Box E237 Perth WA 6841 **DISPOSITIONS OF REAL PROPERTY** TIPS: You must disclose details: · of each disposal of real property since your last return was made by which you wholly or partly retained the use or benefit of the property or the right to repurchase the property; • of each disposal of real property by other persons or entities whereby you wholly or partly obtained the use of the property; disposal includes: · grant of a lease or licence for all or part of the land; · mortgage over your land; • grant of easement over land by which you retain the ability to use the land: • sale of land (or grant of option by you) with (i) a lease or licence granted to you or a right for you to repurchase the land, (ii) or an easement or covenant over the land in favour of you; · creation of an option to purchase land in favour of you; · creation by you of a charge over your land; transfer by you of an interest in your land to a Trustee of a Trust of which you are a beneficiary: • transfer of land to your spouse or by your spouse to a third party whereby you continue to occupy the land; • transfer of title of your land subject to you continuing to receive a benefit, eg rent from the land. Select from this drop-down list: If you have nothing to declare, select the word 'Nil' in the adjacent box and move to Section J Should you require more detailed explanation on the information to be provided in this Section, you should refer to Clauses 188(1) and 188(2) of the Local Government (General) Regulation 2005 or consult your solicitor 1 PARTICULARS OF EACH DISPOSITION OF REAL PROPERTY BY ME AT ANY TIME DURING THE RETURN PERIOD AS A RESULT OF WHICH I RETAINED, EITHER WHOLLY OR IN PART, THE USE AND BENEFIT OF THE PROPERTY OR THE RIGHT TO REACQUIRE THE PROPERTY AT A LATER DATE No: Street Suburb: State No: Street:

Suburb:

State

UNDE RETU	ICULARS OF EACH DISPOSITION OF REA R ARRANGEMENTS MADE BY ME, BEING RN PERIOD, AS A RESULT OF WHICH I OI IFIT OF THE PROPERTY	DISPOSITIONS MADE AT ANY TIME DUI	RING THE
No:	Street:	Suburb:	State:
No:	Street:	Suburb:	State:

J DISCRETIONARY DISCLOSURES		1 and 2 and 3 and
A TIP: To be completed if you wish to make any additional disclo	sures	
If you have nothing to declare, select the word 'Nil' in the adjacent box	-	Select from this drop-down list:
and go to Sign and Date to complete this Return		Nil

MY SIGNATURE:	Ø	Asren Pugh Pugh Date: 2022.03.24 10:31:42 +11'00'	12.4	<i>i</i>
DATE SIGNED:		24-Mar-2022		

- Ensure that wherever you had nothing to declare, that you have selected the word 'Nii' from the drop-drown menu.
- After signing and dating this page, your form should then be provided electronically to the Governance Coordinator by clicking on the SUBMIT button below. Alternatively, it can be printed and brought in person to the General Manager or to the Governance Coordinator (Mila Jones).

SUBMIT

Mark Comment

General Manager

Mar 28, 2022

Date



MY FULL N	AME GIV	EN NAME: MARC	S S	URNAME:	SWIVEZ.
AS AT (retu	ırn date): 22	DECEMBER 2021			
A REAL F	PROPERTY				
A TIP: \ Return Pe	ou must include: (i) the street address of propertie of your interest, ie Owner, Les	es anywhere in Australia i see, Beneficiary, Other	that you had an in	nterest in at any time during the
If you have noth and move on to		ect the word 'Nil' in the adja	acent box	Nil	I □ Refer below 🗹
Street address of time during the F	of each parcel of re Return Period	eal property in Australia in v	which I had an interest	at any Na the	sture of my Interest: Select from e drop-down list
MY PLACE(S)	OF LIVING (IN	WHICH I HAD AN INTE	REST):		
No:		edacted for web		Ov	vner Lessee eneficiary Other
Suburb and Pos	t Code: reda	cted for web	State: redacted for		other" please specify here:
No:	Street:	otod for wos			wner Lessee
					eneficiary Other other form
Suburb and Pos	t Code:		State:		
OTHER REAL	PROPERTY ST	TREET ADDRESS DETA	AILS:		
No:	Street:				wner Lessee Other Other
Suburb and Pos	t Code:		State:		other" please specify here:
No:	Street:				wner D Lessee D
Suburb and Pos	t Code:		State:		eneficiary Other other please specify here:
			1		
B SOURCE	CES OF INC	OME			
公 A TIP: Or	nly provide informati	on where the amount of income	e from an occupation, a T	rust or other source	ce, exceeded \$500.
⇒ 1 SOUR	CES OF MY IN	COME FROM AN OCCU	IPATION(S)		
(source	es, <mark>not amounts</mark> , o	f income I received from my			
Description of meg Labourer, Cadet, Manager, etc	ny Occupation(s) Project Officer,	Name and Address of En (if applicable)	nployer or Description	of Office held	Name of Partnership (if applicable)
Occupations include	(i) an employee of Co	ouncil; (ii) an employee of other org	ganisations; (iii) self-employe	d; (iv) a consultant;	(v) an Office holder in a Company
Councillor		Byron Shire Council, 70 S			
SOLICITO	K	COME FROM A TRUST	W, 42 PACI	ESAVE	2
		COME FROM A TRUST			7 ~ プラン
		lect the word 'Nil' in the adja		Nil	Refer below □
NAME AND AD created the Trust		LOR (name of a person who	NAME AND ADD	DRESS OF TRU	JSTEE

(sources of other income, not amounts, I		intal property in		ness soli	vities welfare navments:
b You must include a description sufficient which, that income was received.					ACCURAGE STREET, CONTRACTOR OF THE STREET, STR
f you have nothing to declare, select the word 'Nil'	in the adjace		O	1.0	Refer below P
SWIVEZ PTY LTD.		Sou	E SHAW	EHO	rsex /
,		DIRE	CTOS	•	/
GIFTS		4.			
A TIP: Only include description of a single gift or	multiple gifts fr	om the same do	onor, the total va	lue of whi	ch exceeded \$500
you have nothing to declare, select the word 'Nil' nd move to Section D	in the adjace	nt box	O	1 liN	Refer below □
you declare a gift $igcup 0$ then you MUST also compl	lete a Gifts ar	nd Benefits De	claration Form	1	
DESCRIPTION OF EACH GIFT RECEIVED BY ME AT A IME DURING THE RETURN PERIOD	NY NAM	ME AND ADDRE	SS OF GIFT D	ONOR	(
CONTRIBUTIONS TO TRAVEL	•				
		d travel	20 1		
A TIP: Do not include payments by Council for yo	ur work-related		3	Nil	☑ Refer below □
A TIP: Do not include payments by Council for you have nothing to declare, select the word 'Nil' is and move to Section E IAME AND ADDRESS OF EACH PERSON WHO MADE INANCIAL OR OTHER CONTRIBUTION TO ANY TRAV	our work-related			NAM OF 1 OTH	Refer below E OF STATES, TERRITORIES HE COMMONWEALTH AND ER COUNTRIES IN WHICH VEL WAS UNDERTAKEN
CONTRIBUTIONS TO TRAVEL A TIP: Do not include payments by Council for you have nothing to declare, select the word 'Nil' in and move to Section E IAME AND ADDRESS OF EACH PERSON WHO MADE INANCIAL OR OTHER CONTRIBUTION TO ANY TRAVINDERTAKEN BY ME DURING THE RETURN PERIOD	our work-related	nt box TES TRAVEL W		NAM OF 1 OTH	IE OF STATES, TERRITORIES THE COMMONWEALTH AND ER COUNTRIES IN WHICH
A TIP: Do not include payments by Council for you have nothing to declare, select the word 'Nil' in ind move to Section E IAME AND ADDRESS OF EACH PERSON WHO MADE THANCIAL OR OTHER CONTRIBUTION TO ANY TRAV	our work-related in the adjacer	nt box TES TRAVEL W		NAM OF 1 OTH	IE OF STATES, TERRITORIES THE COMMONWEALTH AND ER COUNTRIES IN WHICH
you have nothing to declare, select the word 'Nil' ind move to Section E IAME AND ADDRESS OF EACH PERSON WHO MADE INANCIAL OR OTHER CONTRIBUTION TO ANY TRAVINDERTAKEN BY ME DURING THE RETURN PERIOD	n the adjacer DA	nt box TES TRAVEL W DERTAKEN	/AS	NAM OF 1 OTH	IE OF STATES, TERRITORIES THE COMMONWEALTH AND ER COUNTRIES IN WHICH
A TIP: Do not include payments by Council for you have nothing to declare, select the word 'Nil' is and move to Section E IAME AND ADDRESS OF EACH PERSON WHO MADE INANCIAL OR OTHER CONTRIBUTION TO ANY TRAV	n the adjacer DA	nt box TES TRAVEL W DERTAKEN	/AS	NAM OF 1 OTH	IE OF STATES, TERRITORIES THE COMMONWEALTH AND ER COUNTRIES IN WHICH
A TIP: Do not include payments by Council for you have nothing to declare, select the word 'Nil' in the move to Section E IAME AND ADDRESS OF EACH PERSON WHO MADE INANCIAL OR OTHER CONTRIBUTION TO ANY TRAVINDERTAKEN BY ME DURING THE RETURN PERIOD INTERESTS AND POSITIONS	IN CORP	TES TRAVEL WIDERTAKEN PORATION 6 of voting rights	VS	NAM OF OTH TRA	IE OF STATES, TERRITORIES THE COMMONWEALTH AND ER COUNTRIES IN WHICH VEL WAS UNDERTAKEN ou must declare any position (not
You have nothing to declare, select the word 'Nil' in move to Section E IAME AND ADDRESS OF EACH PERSON WHO MADE INANCIAL OR OTHER CONTRIBUTION TO ANY TRAVINDERTAKEN BY ME DURING THE RETURN PERIOD INTERESTS AND POSITIONS TIPS: (i) Declare only if your shareholding was granged to the shareholder) you held in a corporation (including not the shareholder).	IN CORP	TES TRAVEL WE DERTAKEN CORATION 6 of voting rights oration) such as	VS	NAM OF OTH TRA	IE OF STATES, TERRITORIES THE COMMONWEALTH AND ER COUNTRIES IN WHICH VEL WAS UNDERTAKEN ou must declare any position (not you held shares in the corporation
A TIP: Do not include payments by Council for you have nothing to declare, select the word 'Nil' ind move to Section E AME AND ADDRESS OF EACH PERSON WHO MADE INANCIAL OR OTHER CONTRIBUTION TO ANY TRAVINDERTAKEN BY ME DURING THE RETURN PERIOD TIPS: (i) Declare only if your shareholding was granteholder) you held in a corporation (including not or the position was a paid position Tyou have nothing to declare, select the word 'Nil' ind move to Section F AME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION AT	IN CORP Teater than 10% t-for-profit corp The adjacer NATURE C (IF ANY)	TES TRAVEL WE DERTAKEN PORATION of voting rights oration) such as as at box OF INTEREST	VS in the corporati Director, wheth DESCRIPTION POSITION (IF	on (ii) Y er or not y	DE OF STATES, TERRITORIES THE COMMONWEALTH AND ER COUNTRIES IN WHICH VEL WAS UNDERTAKEN OU must declare any position (not you held shares in the corporation Refer below PRINCIPAL OBJECTS OF CORPORATION (EXCEPT IN
A TIP: Do not include payments by Council for you have nothing to declare, select the word 'Nil' ind move to Section E AME AND ADDRESS OF EACH PERSON WHO MADE INANCIAL OR OTHER CONTRIBUTION TO ANY TRAVINDERTAKEN BY ME DURING THE RETURN PERIOD TIPS: (i) Declare only if your shareholding was granteholder) you held in a corporation (including not or the position was a paid position Tyou have nothing to declare, select the word 'Nil' ind move to Section F AME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION AT	IN CORP Teater than 10% t-for-profit corp The adjacer NATURE C (IF ANY)	TES TRAVEL WE DERTAKEN PORATION of voting rights oration) such as as at box OF INTEREST	VS in the corporati Director, wheth DESCRIPTION POSITION (IF	on (ii) Y er or not y	DE OF STATES, TERRITORIES THE COMMONWEALTH AND ER COUNTRIES IN WHICH VEL WAS UNDERTAKEN OU must declare any position (not you held shares in the corporation Refer below PRINCIPAL OBJECTS OF CORPORATION (EXCEPT IN
You have nothing to declare, select the word 'Nil' in move to Section E IAME AND ADDRESS OF EACH PERSON WHO MADE INANCIAL OR OTHER CONTRIBUTION TO ANY TRAVINDERTAKEN BY ME DURING THE RETURN PERIOD TIPS: (i) Declare only if your shareholding was granger shareholder) you held in a corporation (including not or the position was a paid position Tyou have nothing to declare, select the word 'Nil' in the modern of the position to declare, select the word 'Nil' in the modern of the position was a paid position.	IN CORP Teater than 10% t-for-profit corp The adjacer NATURE C (IF ANY)	TES TRAVEL WE DERTAKEN PORATION of voting rights oration) such as as at box OF INTEREST	VS in the corporati Director, wheth DESCRIPTION POSITION (IF	on (ii) Y er or not y	DE OF STATES, TERRITORIES THE COMMONWEALTH AND ER COUNTRIES IN WHICH VEL WAS UNDERTAKEN OU must declare any position (not you held shares in the corporation Refer below PRINCIPAL OBJECTS OF CORPORATION (EXCEPT IN

F WI	ERE YOU A PROPERTY DEVE OPERTY DEVELOPER ON TH	LOPER O	R A CLO	OSE ASS	SOCIATE OF	A
Yes 🗆	No IQ					
G PO	SITIONS IN TRADE UNIONS C	OR PROFE	SSIONA	L OR BU	JSINESS AS	SOCIATION
₩ AT	IP: Do not include general membership but include	le details of any p	oositions held	whether remu	nerated or not	
If you hav	e nothing to declare, select the word 'Nil' in the to Section H	ne adjacent box	;	>	Nil □ Refer	below 🔄
NAME OF WHICH I H RETURN F	EACH TRADE UNION AND EACH PROFESSION/ ELD ANY POSITION (WHETHER REMUNERATE PERIOD	AL OR BUSINES D OR NOT) AT A	S ASSOCIATI NY TIME DUI	ION IN RING THE	DESCRIPTION OF	POSITION
LA	W SOCIETY A NON	•			MOINAR	1 ME-62)
H DE	втѕ					
公 A TI buildi	P: You do not need to provide information on (i) the ng society, credit union or other financial institution	ne amounts of an such as for your	y debts; (ii) d home mortga	ebts for less to ge, credit card	nan \$500; (iii) debts t or department store	to any relative, bank,
If you have	e nothing to declare, select the word 'Nil' in the to Section I	e adjacent box			Nil 🛛 Refer	below \$\mathscr{A}\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma\gamma
NAME AND DURING TH	ADDRESS OF EACH PERSON OR ORGANISAT HE RETURN PERIOD	ION (CREDITOR) TO WHOM I	WAS LIABLE	TO PAY ANY DEB	T AT ANY TIME
NAME OF (CREDITOR	AD	DRESS OF C	REDITOR		
DIS	POSITIONS OF PEAL DRODE	DTV				
	POSITIONS OF REAL PROPE : You must disclose details:	KIY				
of e the of e of	ach disposal of real property since your last return or right to repurchase the property; ach disposal of real property by other persons or enant of a lease or licence for all or part of the land; ortgage over your land; ant of easement over land by which you retain the alle of land (or grant of option by you) with (i) a lease covenant over the land in favour of you; eation of an option to purchase land in favour of you eation by you of a charge over your land; unsfer by you of an interest in your land to a Trustee insfer of land to your spouse or by your spouse to a insfer of title of your land subject to you continuing the same or support or same and subject to you continuing the same or same and subject to you continuing the same or same and subject to you continuing the same or same and subject to you continuing the same and same and subject to you continuing the same and	ability to use the I or licence grants i; of a Trust of whit third party where or receive a bene	and; and to you or a chipout and to you are a better you continued.	right for you to	he use of the proper	ty; disposal includes:
and move	nothing to declare, select the word 'Nil' in the to Section J)		pelow 🗆
100(2	require more detailed explanation on the info of the Local Government (General) Regulation	on 2005 or cons	sult your soli	citor		
R	ARTICULARS OF EACH DISPOSITION ETURN PERIOD AS A RESULT OF WH ENEFIT OF THE PROPERTY OR THE R	ICH I RETAIN	IED, EITHE	R WHOLL	Y OR IN PART	THE USE AND
No:	Street:		ourb:			State:
No:	Street:	Sub	urb:			State:

	Street:	IE PROPERTY		Suburb:			State:
o: 				Suburb:			State:
o:	Street:						
DIS	CRETIONA	RY DISCLOSU	RES		11		
Ç A TIF	: To be compl	eted if you wish to r	nake any add	itional disclosu	ıres		
you have	nothing to decla Sign and Date to	re, select the word 'Ni complete this Return	I' in the adjace		•		er below 🗷
SPACE	LETTI CIE.	CUS INC		TREA	JUKIK	& Man	BON .
	NATURE:			d for	we	b	
		# rec		d for	we	b	
DATE S	IGNED:	9/2/-	22				
DATE S	IGNED: TEPS: re that wherev		22				from the drop
NEXT S	TEPS: re that wherever menu.	9/2/	2)_ g to declare,	that you hav	e selected t	the word 'Nil'	
DATE S NEXT S Ensu drown Sign	TEPS: re that wherever menu. and date this process of the second distributed the second dis	9/2/a	g to declare,	that you hav	e selected t	the word 'Nil'	
DATE S IEXT S Ensu drown Sign	TEPS: re that wherever menu. and date this process of the second distributed the second dis	er you had nothing	g to declare,	that you hav	e selected t	the word 'Nil'	
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DATE S IEXT S Ensu drown Sign	TEPS: re that wherever menu. and date this process of the second distributed the second dis	er you had nothing	g to declare,	that you hav	e selected t	the word 'Nil'	
NEXT S Ensu drown	TEPS: re that wherever menu. and date this process of the second distributed the second dis	er you had nothing	g to declare,	that you hav	e selected t	the word 'Nil'	
DATE S NEXT S Ensu drown Sign	TEPS: re that wherever menu. and date this process of the second distributed the second dis	er you had nothing	g to declare,	that you hav	e selected t	the word 'Nil'	

General Manager

Feb 10, 2022

Date



MY FULL NAME	GIVEN NAME: P	ETER S	SURNAME:	WESTHEIMER
AS AT (return date)	: 22 DECEMBER 2021			
A REAL PROPE	RTY			
A TIP: You must inc	lude: (i) the street address of propert	ties anywhere in Australia	that you had an ir	nterest in at any time during the
	nature of your interest, ie Owner, Le ire, select the word 'Nil' in the adj		Ni	l
Street address of each parc time during the Return Perio	el of real property in Australia in od	which I had an interest		ture of my Interest: Select from a drop-down list
MY PLACE(S) OF LIVIN	G (IN WHICH I HAD AN INTE	EREST):		
No: redacted for web Street: Suburb and Post Code:	redacted for web		Be	vner \to Lessee \to neficiary \to Other \to \text{other" please specify here:
No: Street:		I.		vner Lessee neficiary Other
Suburb and Post Code:		State:	If "	other" please specify here:
OTHER REAL PROPER	TY STREET ADDRESS DETA	AILS:		
No: Street:				ner Deficiary Deficiary Deficiary Deficiary Deficiary Deficiary Deficiary Deficiary Deficial Number Deficial N
Suburb and Post Code:		State:	If "d	other" please specify here:
No: Street:				ner D Lessee D Other D
Suburb and Post Code:		State:		neficiary □ Other □ other" please specify here:
B SOURCES OF	NCOME			
	ormation where the amount of income	from an accuration . T		
			ust or other source	e, exceeded \$500.
1 SOURCES OF M (sources, not amount)	Y INCOME FROM AN OCCU nts, of income I received from my	PATION(S) Occupation(s) at any t	time during the F	Return Period)
Description of my Occupatio eg Labourer, Cadet, Project Officer, Manager, etc	n(s) Name and Address of Em (if applicable)	ployer or Description o	oyer or Description of Office held Nar (if a	
Occupations include: (i) an employe	e of Council; (ii) an employee of other orga			v) an Office holder in a Company
Councillor	Byron Shire Council, 70 S	tation Street Mullumbin	mby NSW 2482	
	Y INCOME FROM A TRUST e, not amounts, I received from a	Trust during the Return	Period)	
	e, select the word 'Nil' in the adja-			✓ Refer below □
NAME AND ADDRESS OF Screated the Trust)	SETTLOR (name of a person who	NAME AND ADDR	RESS OF TRUS	TEE

3 OTHER SOURCES OF MY INCOME (sources of other income, not amounts, I rece	eived at any	time during t	he Return Perio	d)	
Other Sources of Income may include income by You must include a description sufficient to which, that income was received.	me from rent	al property, inve	estments, busines	s activitie	es, welfare payments; whom, or the circumstances in
If you have nothing to declare, select the word 'Nil' in the	ne adjacent	box	\$	Nil 🗆	Refer below 🗸
RENTAL INCOME SUPERANNUATION FUN		228])ingo L	Ban	galow and
SUPERANNUATION FUN	rd.	APS	Byro		Bay
C GIFTS					
A TIP: Only include description of a single gift or mul	tiple gifts from	n the same don	or, the total value		
If you have nothing to declare, select the word 'Nil' in t and move to Section D	he adjacent	box	•	Nil ☑	Refer below □
lf you declare a gift 🔱 then you MUST also complete	a Gifts and	Benefits Dec	laration Form		
DESCRIPTION OF EACH GIFT RECEIVED BY ME AT ANY TIME DURING THE RETURN PERIOD	NAMI	E AND ADDRES	SS OF GIFT DON	IOR	
D CONTRIBUTIONS TO TRAVEL A TIP: Do not include payments by Council for your If you have nothing to declare, select the word 'Nil' in the and move to Section E			•	Nil ⊵	Refer below □
NAME AND ADDRESS OF EACH PERSON WHO MADE		ES TRAVEL W	'AS		OF STATES, TERRITORIES
FINANCIAL OR OTHER CONTRIBUTION TO ANY TRAVEL UNDERTAKEN BY ME DURING THE RETURN PERIOD	UNE	DERTAKEN		OTHE	HE COMMONWEALTH AND FR COUNTRIES IN WHICH EL WAS UNDERTAKEN
E INTERESTS AND POSITIONS IN	CORP	ORATION	NS		
TIPS: (i) Declare only if your shareholding was great shareholder) you held in a corporation (including not-for the position was a paid position	stor than 10%	of voting rights	in the corporation	n (ii) Yo r or not y	ou must declare any position (not ou held shares in the corporation
If you have nothing to declare, select the word 'Nil' in and move to Section F	the adjacer	nt box	-	Nil ⊠	Refer below □
NAME AND ADDRESS OF EACH CORPORATION IN WHICH I HAD AN INTEREST OR HELD A POSITION AT ANY TIME DURING THE RETURN PERIOD	NATURE C (IF ANY) EG SHAREHO	DF INTEREST	DESCRIPTION POSITION (IF A EG DIRECTOR, COI SECRETARY	(YV)	PRINCIPAL OBJECTS OF CORPORATION (EXCEPT IN CASE OF LISTED COMPANY)

F WERE	YOU A PROPERTY DEVERTY DEVELOPER ON T	ELOPER OR A	CLOSE AS	SOCIATE OF	A
Yes □ No □	/				
G POSIT	TIONS IN TRADE UNIONS	OR PROFESSION	ONAL OR B	USINESS AS	SOCIATIONS
為 A TIP:	Do not include general membership but incl	ude details of any position	s held whether rem	nunerated or not	
If you have not and move to S	thing to declare, select the word 'Nil' in ection H	the adjacent box	-	Nil ☑ Refer	below □
NAME OF EACH WHICH I HELD A RETURN PERIC	H TRADE UNION AND EACH PROFESSIO ANY POSITION (WHETHER REMUNERAT DD	NAL OR BUSINESS ASS(ED OR NOT) AT ANY TIN	OCIATION IN ME DURING THE	DESCRIPTION OF	POSITION
H DEBT	S				
building so	ou do not need to provide information on (i) ciety, credit union or other financial institution	the amounts of any debts on such as for your home r	s; (ii) debts for less mortgage, credit ca	than \$500; (iii) debts t rd or department store	o any relative, bank,
If you have not and move to Se	hing to declare, select the word 'Nil' in ection I	the adjacent box	-	Nil ☑ Refer	below 🗆
NAME AND ADD	RESS OF EACH PERSON OR ORGANISA	ATION (CREDITOR) TO W	/HOM I WAS LIABI	LE TO PAY ANY DEBT	AT ANY TIME
NAME OF CRED	ITOR	ADDRESS	S OF CREDITOR		
DISPO	SITIONS OF REAL PROP	FRTV			
• of each d the right t of each d grant of grant of sale of or cove creatior transfer transfer	u must disclose details: isposal of real property since your last retur o repurchase the property; isposal of real property by other persons or f a lease or licence for all or part of the land ge over your land; f easement over land by which you retain th land (or grant of option by you) with (i) a lea mant over the land in favour of you; in of an option to purchase land in favour of yo in by you of a charge over your land; by you of an interest in your land to a Trust of land to your spouse or by your spouse to of title of your land subject to you continuin	n was made by which you entities whereby you whole, e ability to use the land; se or licence granted to you; tee of a Trust of which you a third party whereby you g to receive a benefit, eg r	by or partly obtained by or a right for you are a beneficiary;	d the use of the proper to repurchase the land	ty; disposal includes:
	ning to declare, select the word 'Nil' in t		a	Nil ☑ Refer t	pelow □
Should you req and 188(2) of the	uire more detailed explanation on the i ne Local Government (General) Regula	nformation to be provide ation 2005 or consult yo	ed in this Section ur solicitor	, you should refer to	Clauses 188(1)
RETU	ICULARS OF EACH DISPOSITION RN PERIOD AS A RESULT OF WATER OF THE PROPERTY OR THE	HICH RETAINED.	EITHER WHOL	LY OR IN PART	THE USE AND
No:	Street:	Suburb:			State:
No:	Street:	Suburb:			State:

U R	AND AND ANOTHERITO MADE	SITION OF REAL PROPERTY TO A I BY ME, BEING DISPOSITIONS MAI OF WHICH I OBTAINED EITHER WI	DE AT ANY LIME DU	KING THE
No:	Street:	Suburb:		State:
No:	Street:	Suburb:		State:
	CRETIONARY DISCLOS To be completed if you wish to	o make any additional disclosures		
Many party .				

MY SIGNATURE:	Ø	redacted for web			
DATE SIGNED:	7	12	2022		

- Ensure that wherever you had nothing to declare, that you have selected the word 'Nii' from the dropdrown menu.
- Sign and date this page.
- Your form should then be brought in person to the General Manager or to the Governance Coordinator (Mila Jones), or provided electronically to mjones@byron.nsw.gov.au.

Mal Comes		
General	Manager	

Feb 8, 2022 Date