

## Form 4 - Register of Members' Interests (Ordinary Return)

Please read instructions and notes below before completing this return

SHARON JOY MCKELL Name: COUNCILLOR (WEST WARD Office held: Statements to be completed: PSS SUPER FUND ALLOWANCE CITY OF SALISBUR, PARTNER - WAGE FROM DOWNER. Provide a statement of any income source of a financial 1 benefit<sup>4</sup> that you have or a person related to you<sup>5</sup> has received, or was entitled to receive, during the return period. State the name of any company or other body, corporate 2 or unincorporate, in which you held, or a member of your NIL family<sup>8</sup> held, any office during the return period whether as director or otherwise. If you, or a member of your family<sup>8</sup>, received a 3. contribution in cash or in kind of or above the amount of \$750 for or towards the cost of travel<sup>9</sup> beyond the limits 111 of the State during the return period (other than a contribution by the council, the State, an employer or a person related to you by blood or marriage), state the source of the contribution. Provide particulars (including the name of donor) of any 4. NIK gift<sup>10</sup> of or above the amount or value of \$750 received by you or a person related to you<sup>5</sup> during the return period other than a person related by blood or marriage. If you, or a person related to you<sup>5</sup>, has, as a party to a 5 transaction, had the use of property of the other person during the return period and -NIL a) the use of property was not acquired for adequate consideration or through an ordinary commercial transaction or in the ordinary course of business; and b) the market value of the right is \$750 or more; and c) the person granting the right is not related by blood or marriage, state the name and address of that other person. State the name or description of any company, 6. NIL partnership, association or other body in which you or a person related to you<sup>5</sup> is an investor<sup>11</sup>. State the name of any political party, any body or 7. 1/12 association formed for political purposes or any trade or professional organisation<sup>12</sup> of which you are a member. State the name and business address of any employer for 8. whom you work and, if you are employed, the name of the office or place where you work or a concise description of the nature of your work. Provide a concise description of any trust (other than a 9. testamentary trust) of which you or a person related to A/1K you<sup>5</sup> is a beneficiary or trustee, and the name and address of each trustee. DW ID: 3953217

- Provide the address or description of any land in which you have or a person related to you<sup>5</sup> has any beneficial interest<sup>13</sup> other than by way of security for any debt.
- Provide details of any fund in which you or a person related to you<sup>5</sup> has an actual or prospective interest to which contributions are made by a person other than you or a person related to you<sup>5</sup>.

12. If you are or a person related to you<sup>5</sup> is indebted to another person (not being related by blood or marriage) in an amount of or exceeding \$7 500-state the name and address of that other person.

- If you are or a person related to you<sup>5</sup> is owed money by a natural person (not being related by blood or marriage) in an amount of or exceeding \$10 000—state that person.
- 14. Declare any other substantial interest of yours or of a person related to you<sup>5</sup> whether of a pecuniary nature or not, of which you are aware and which you consider might appear to raise a material conflict between your private interest and the public duty that you have or may subsequently have as a member of the council.
- 15. Provide any other additional information which you think fit.

Signature:

Date:

PARTNER - AUSTRALIAN SUPER

NIL

At NIK

NIL

Mckell



## **Register of Interests: Elected Members (Primary Return)**

S.65 and Schedule 3 clause 2(a1) Local Government Act 1999 Please read instructions and notes attached before completing this return

| Na   | me: SHARON MCKELL  |  |  |  |
|--|--|--|--|--|
| Office held: $COUNCILLOR - WEST WARD$<br>Statements to be completed: |  |  |  |  |
|  |  |  |  |  |
| 2.   | State the name of any company or other body, corporate or unincorporate, in which you hold, or a member of your family <sup>4</sup> holds, any office whether as director or otherwise.  | NIL  |  |  |
| 3.   | State the name or description of any company, partnership, association or other body in which you or a designated person or entity in relation to you <sup>3</sup> is an investor <sup>5</sup> .   | PSS SUPER FUND                               |  |  |
| 4.   | State the name and business address of any employer for whom<br>you work and, if you are employed, the name of the office or<br>place where you work or a concise description of the nature of<br>your work.   | NIL  |  |  |
| 5.   | State the name of any political party, any body or association formed for political purposes or any trade or professional organisation <sup>6</sup> of which you are a member.   | RAA  |  |  |
| 6.   | Provide a concise description of any trust (other than a testamentary trust) of which you or a designated person or entity in relation to you <sup>3</sup> is a beneficiary or trustee, and the name and address of each trustee.  | NIL  |  |  |
| 7.   | Provide the address or description of any land in which you have<br>or a designated person or entity in relation to you <sup>3</sup> has any<br>beneficial interest <sup>7</sup> other than by way of security for any debt.   | NIL  |  |  |
| 8.   | Provide details of any fund in which you or a designated person<br>or entity in relation to you <sup>3</sup> has an actual or prospective interest<br>to which contributions are made by a person other than you or a<br>designated person or entity in relation to you <sup>3</sup> .                                 | PARTNER - AUSTRALIAN<br>ALT SUPER.<br>J.M.C. |  |  |
| 9.   | If you are or a designated person or entity in relation to you <sup>3</sup> is<br>indebted to another person (not being your relative <sup>8</sup> or a<br>relative <sup>8</sup> of a member of your family <sup>4</sup> ) in an amount of or<br>exceeding \$7 500—state the name and address of that other<br>person. | NIK  |  |  |
| 10.  | If you are or a designated person or entity in relation to you <sup>3</sup> is<br>owed money by a natural person (not being your relative <sup>8</sup> or a<br>relative <sup>8</sup> of a member of your family <sup>4</sup> ) in an amount of or<br>exceeding \$10 000—state that person.                             | NIL  |  |  |

| 11. Declare any other substantial interest of yours or of a designated person or entity in relation to you <sup>3</sup> whether of a pecuniary nature or not, of which you are aware and which you consider might appear to raise a material conflict between your private interest and the public duty that you have or may subsequently have as a member of the council. | NIL |  |  |  |
|--|-----|--|--|--|
| 12. Provide any other additional information which you think fit.  | NIL |  |  |  |
| Signature: Marg McKell   |     |  |  |  |
| Date: //18-01-2023.  |     |  |  |  |

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## Primary Return-Register of interests-Council member

s.65 and Schedule 3 clause 2(a1) Local Government Act 1999

Please read instructions and notes below before completing this return.

SURNAME: OTHER NAMES: OFFICE HELD:

MCKELL SHARON JOY COUNCILLOR

## **Registrable interests**

- Provide a statement of any income source<sup>2</sup> that you have or a designated person or entity in relation to you<sup>3</sup> has or expects to have in the period of 12 months after the date of the primary return.
- 2 State the name of any company or other body, corporate or unincorporate, in which you hold, or a member of your family<sup>4</sup> holds, any office whether as director or otherwise.
- 3 State the name or description of any company, partnership, association or other body in which you or a designated person or entity in relation to you<sup>3</sup> is an investor<sup>5</sup>.
- 4 State the name and business address of any employer for whom you work and, if you are employed, the name of the office or place where you work or a concise description of the nature of your work.
- 5 State the name of any political party, any body or association formed for political purposes or any trade or professional organisation<sup>6</sup> of which you are a member.

Details

PSS SUPERANNUATION PENSION . PARTNER - SPOTKESS

NIL

NIL

NIL

NIK

|     | 0  |     |
|-----|--|-----|
| 6   | Provide a concise description of any trust (other<br>than a testamentary trust) of which you or a<br>designated person or entity in relation to you <sup>3</sup> is a<br>beneficiary or trustee, and the name and address of<br>each trustee.  | NIL |
| 7   | Provide the address or description of any land in<br>which you have or a designated person or entity in<br>relation to you <sup>3</sup> has any beneficial interest <sup>7</sup> other<br>than by way of security for any debt.  | N/K |
| 8   | Provide details of any fund in which you or a designated person or entity in relation to you <sup>3</sup> has an actual or prospective interest to which contributions are made by a person other than you or a designated person or entity in relation to you <sup>3</sup> .  | NIL |
| 9   | If you are or a designated person or entity in relation<br>to you <sup>3</sup> is indebted to another person (not being your<br>relative <sup>8</sup> or a relative <sup>8</sup> of a member of your family <sup>4</sup> )<br>in an amount of or exceeding \$7 500—state the<br>name and address of that other person.   | NIL |
| 10  | If you are or a designated person or entity in relation<br>to you <sup>3</sup> is owed money by a natural person (not<br>being your relative <sup>8</sup> or a relative <sup>8</sup> of a member of<br>your family <sup>4</sup> ) in an amount of or exceeding<br>\$10 000—state that person.  | NIL |
| 11  | Declare any other substantial interest of yours or of<br>a designated person or entity in relation to you <sup>3</sup><br>whether of a pecuniary nature or not, of which you<br>are aware and which you consider might appear to<br>raise a material conflict between your private<br>interest and the public duty that you have or may<br>subsequently have as a member of the council. | NIL |
| 12  | Provide any other additional information which you think fit.  |     |
| SIG | NATURE: Marin M.Kell<br>TE: 211-11-2022  |     |

**Registrable interests** 

Details