Any person who is a Candidate for election to an office of a Council, whether successfully elected or not, must complete this return. The return must be forwarded to the Chief Executive Officer of the council within 30 days after the conclusion of the election.

Please read the instructions and notes over the page before filling in this form.

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Any person who is a Candidate for election to an office of a Council, whether successfully elected or not, must complete this return. The return must be forwarded to the Chief Executive Officer of the council within 30 days after the concil.

Please read the instructions and notes over the page before filling in this form.

1 2 DEC 2018

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If space is insufficient, please attach a list

Any person who is a Candidate for election to an office of a Council, whether successfully elected or not, must complete this return. The return must be forwarded to the Chief Executive Officer of the council within 30 days after the conclusion of the election.

Please read the instructions and notes over the page before filling in this form.

Please PRINT details on this form To the Council Chief Executive Officer: Name of Council ADA AIDE **Candidate Information** Miss Ms Mrs Surname Given Names CARTER HENICY Period to which return relates (refer Note 2) I declare that during this period (tick appropriate box) No gifts of a kind required to be disclosed were received by me (write 'NIL' in the list below, refer Notes 4 & 5) Gifts of a kind required to be disclosed were received by me (refer Notes 4 & 5) Number of persons who gave those gifts Specific details concerning such gifts are provided below Signature of Candidate or Member 5/12/18 Specific Details of Gifts Date on which gift Amount or value of each gift (refer Note 4) Name and address of each donor (refer Note 6) was made



Any person who is a candidate for election to an office of a council, whether successfully elected or not, must complete this return. The return must be forwarded to the Chief Executive Officer of the council within 30 days after the conclusion of the election.

Please read the instructions and notes over the page before filling in this form.

To the Council Chief Executive Officer:	
Name of Council ADELAIDE HILLS COUN	CIL
Candidate Information	
Miss Ms Mrs Mr Dr	and the second of the second o
Surname COMP Period to which return relates (refer Note 2)	HOWARD FRAME
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Any person who is a candidate for election to an office of a council, whether successfully elected or not, must complete this return. The return must be forwarded to the Chief Executive Officer of the council within 30 days after the conclusion of the election.

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Please PRINT details on this form

To the Council Chief Executive Officer:

Name of Council

ADELAIDE HILLS COUNCIL

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Period to which return relates (refer Note 2)

from (0/09/2018

to 30/11/2018

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No gifts of a kind required to be disclosed were received by me (refer Notes 4 & 5)

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Gifts of a kind required to be disclosed were received by me (refer Notes 4 & 5)

Total value of those gifts \$

Number of persons who gave those gifts

Specific details concerning such gifts are provided below

Signature of Candidate or Member

Date 03/12/2018

Specific Details of Gifts

Amount or value of each gift (refer Note 4) Name and address of each donor (refer Note 6) Date on which gift was made

NIL RETURN.





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Please read the instructions and notes over the page before filling in this form.

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Miss Ms Mrs Mr Dr		
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Campaign Donations Return

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Any person who is a Candidate for election to an office of a Council, whether successfully elected or not must be forwarded to the Chief Executive Officer of the council within 30 days after the conclusion of the council within 30 days after the council within 30 days a

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Please read the instructions and notes over the page before filling in this form.

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Campaign Donations Return

Any person who is a Candidate for election to an office of a Council, whether successfully elected or not, must complete this return. The return must be forwarded to the Chief Executive Officer of the council within 30 days after the conclusion of the election.

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the Council Chief Executive Officer:	
Name of Council	
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Any person who is a Candidate for election to an office of a Council, whether successfully elected or not, must complete this return. The return must be forwarded to the Chief Executive Officer of the council within 30 days after the conclusion of the election.

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Please read the instructions and notes over the page before filling in this form.

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Surname	Given Names
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Specific details concer Signature of Candidate or Member cific Details of Gifts Amount or value of each gift (refer Note 4) Name and address of each donor (refer	Date on which gift was made
Specific details concer Signature of Candidate or Member cific Details of Gifts Amount or value of each gift (refer Note 4) Name and address of each donor (refer	Date on which gift was made



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Please read the instructions and notes over the page before filling in this form.

ADELAIDE HILLS OF	DUNCIL
didate Information	
Miss Mrs I	Mr V Dr
Surname	Given Names
KEMP	JOHN CARANTLEY
Period to which return relates (refer Note 2)	
om 28112014 to 36	I declare that during this period (tick appropriate box)
	No gifts of a kind required to be disclosed were received by me (write 'NIL' in the list below, refer Notes 4 & 5)
	Gifts of a kind required to be disclosed were received by me (refer Notes 4 & 5)
Total value of those gifts \$ 4	
Specific d	letails concerning such gifts are provided below
Specific de Signature of Candidate or Member	
Specific d Signature of Candidate or Member iffic Details of Gifts mount or value of	Date on which gift
Specific d Signature of Candidate or Member iffic Details of Gifts mount or value of ach gift (refer Note 4) Name and address of ea	Date on which gift
Signature of Candidate or Member iffic Details of Gifts mount or value of ach gift (refer Note 4) A 00,000 Name and address of ea	Date on which gift was made OS/09/2019
Specific d Signature of Candidate or Member iffic Details of Gifts mount or value of ach gift (refer Note 4) Name and address of ea	Date on which gift
Signature of Candidate or Member iffic Details of Gifts mount or value of ach gift (refer Note 4) A 00,000 Name and address of ea	Date on which gift was made OS/09/2019
Signature of Candidate or Member iffic Details of Gifts mount or value of ach gift (refer Note 4) A 00,000 Name and address of ea	Date on which gift was made OS/09/2019
Signature of Candidate or Member iffic Details of Gifts mount or value of ach gift (refer Note 4) A 00,000 Name and address of ea	Date on which gift was made OS/09/2019
Signature of Candidate or Member iffic Details of Gifts mount or value of ach gift (refer Note 4) A 00,000 Name and address of ea	Date on which gift was made OS/09/2019
Signature of Candidate or Member iffic Details of Gifts mount or value of ach gift (refer Note 4) A 00,000 Name and address of ea	Date on which gift was made OS/09/2019



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Please read the instructions and notes over the page before filling in this form.

Please PRINT details on this form

To the Council Chief Executive Officer:	
Name of Council	
Adelaide Hills Council	and the state of t
Candidate Information	
Miss Mr Dr Dr	
Surname Given Names	designation of the second
Mudge Leith Rowla	nd
Period to which return relates (refer Note 2) from $1/1/2018$ to $30/11/2018$ I declare that during this period (tick approximately 1) to $30/11/2018$	
No gifts of a kind required to be disclosed by me (write 'NIL' in the list below, refer	were received r Notes 4 & 5)
Gifts of a kind required to be disclosed wer me (refer	re received by r Notes 4 & 5)
Total value of those gifts \\ Number of persons who gave those gifts	
Specific details concerning such gifts are provided below	No.
Signature of Candidate or Member Litt Mulye Date 4/	12/2018
Specific Details of Gifts	
Amount or value of	Date on which gift was made
entit dur helet teter A. transc and namena or entit annot helet transc A.	
Nil	

If space is insufficient, please attach a list





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ADELAIDE HILLS COUN	CIL		to the first transfer that the property of the second of transfer to the second
didate Information			
Miss Mrs Mrs	Mr Dr Dr		
Surname	ongening againgta paganagan paganagan na 19 paga pa 11 ma 19 paganagan	Given Names	NO SECURITION AND ASSESSMENT AND ASSESSMENT AND ASSESSMENT ASSESSM
NG.	and the property of the sample of the same	LAWRENCE	in the second of the second experience of the
Period to which return relates (refer Note 2	2) 	•	
rom 10-9-18 to	9-11-18	I declare that during this p	eriod (tick appropriate box)
	an Challan a state - Administrative Committee (1994) (1994) (1994) (1994) (1994)	No gifts of a kind required to by me (write 'NIL' in the l	be disclosed were received ist below, refer Notes 4 & 5)
		Gifts of a kind required to be	disclosed were received by me (refer Notes 4 & 5)
Total value of those gifts \$	omer e tre d'un vers, l'herit, e red, i e se socialiste d'un un activative du material.	Number of persons who gav	e those gifts
Specifi	c details concerning	such gifts are provided below	
*		professional designation of a contract of the	
Signature of Candidate or Member	[AAA) C	ate 20/11/18
e her V.C.	IVVII	•	20/19/1
			w/// 8
cific Details of Gifts	Jour Jour Jour Jour Jour Jour Jour Jour		ω/·/·*
Amount or value of	f each donor (refer Note	6)	Date on which
A STATE OF THE STA	f each donor (refer Note	6)	
Amount or value of	f each donor (refer Note	6)	Date on which
Amount or value of	f each donor (refer Note	6)	Date on which
Amount or value of	f each donor (refer Note	6)	Date on which
Amount or value of	f each donor (refer Note	6)	Date on which
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Amount or value of	f each donor (refer Note	6)	Date on which
Amount or value of	f each donor (refer Note	6)	Date on which
Amount or value of	f each donor (refer Note	6)	Date on which
Amount or value of	f each donor (refer Note	6)	Date on which





If space is insufficient, please attach a list

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Please read the instructions and notes over the page before filling in this form.

he Council Chief Executive Of	nicer:	
Name of Council		
ADELAIDE H	ILW	
didate Information		PLEATURE TO A CONTROL OF SEC.
Miss Ms Mrs	Mr X Dr	
Surname		Given Names
OSTERSTOCK		MARK ANDREW
Period to which return relates (refer No		
from 14 9 2018 to	30/11/2018	I declare that during this period (tick appropriate box)
	1 1	No gifts of a kind required to be disclosed were received by me (write 'NIL' in the list below, refer Notes 4 & 5)
		Gifts of a kind required to be disclosed were received by me (refer Notes 4 & 5)
Total value of those gifts	\$1000 00	Number of persons who gave those gifts
Spe	cific details concerning	such gifts are provided below
Signature of Candidate or Member		Pate 03 12 2015
	Mlus	Date 03 12 2018
ecific Details of Gifts Amount or value of	ss of each donor (refer Note	Date on which
ecific Details of Gifts Amount or value of each gift (refer Note 4) Name and addres		Date on which was made
ecific Details of Gifts Amount or value of each gift (refer Note 4) Name and addres		Date on which
ecific Details of Gifts Amount or value of each gift (refer Note 4) Name and addres		Date on which was made
ecific Details of Gifts Amount or value of each gift (refer Note 4) Name and addres		Date on which was made
ecific Details of Gifts Amount or value of each gift (refer Note 4) Name and addres		Date on which was made
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ecific Details of Gifts Amount or value of each gift (refer Note 4) Name and addres		Date on which was made





If space is insufficient, please attach a list

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Please read the instructions and notes over the page before filling in this form.

rease i filter details on this form	
To the Council Chief Executive Officer:	
Name of Council	
Adelaide Hills Council	
Carpla I Samuel	
Candidate Information	
Miss Ms Mrs Mr Dr	
Surname	Given Names
PARKIN	KIRSTY LIF
Period to which return relates (refer Note 2) from 1000 1000 1000 1000 1000 1000 1000 10	I declare that during this period (tick appropriate box)
from 18/9/18 to 20/11/2018	No gifts of a kind required to be disclosed were received
	by me (write 'NIL' in the list below, refer Notes 4 & 5) or
	Gifts of a kind required to be disclosed were received by me (refer Notes 4 & 5)
Total value of those gifts \$ \(\mathcal{V} \) \(\mathcal{L} \)	Number of persons who gave those gifts
	N/L
Specific details concerning s	uch gifts are provided below
Signature of Candidate or Member	Date 24/11/2010
790	71700
Specific Details of Gifts	
Amount or value of	Date on which gift
each gift (refer Note 4) Name and address of each donor (refer Note 6,	was made

162

Any person who is a Candidate for election to an office of a Council, whether successfully elected or not, must complete this return. The return must be forwarded to the Chief Executive Officer of the council within 30 days after the conclusion of the election.

ease PRINT details on this form	diamental distribution of the second
To the Council Chief Executive Officer:	
Name of Council	
Adelaide Hills Council	
andidate Information	
Miss Ms Mrs Mr Dr Sumame	Given Names
PEOLER	JANET ANNE
Period to which return relates (refer Note 2)	
from 41912018 10 10/11/18	I declare that during this period (tick appropriate box)
	No gifts of a kind required to be disclosed were received by me (write 'NIL' in the list below, refer Notes 4-8:5)
	Gifts of a kind required to be disclosed were received by me (refer Notes 4 & 5)
Total value of those gifts \$ N.1	Number of persons who gave those gifts
Specific details concerning	such gifts are provided below
Signature of Cendidate or Member J. H. C.	Date 19/11/2018
4	
pecific Details of Gifts	
Amount or value of each gift (refer Note 4) Name and address of each donor (refer Note	Date on which gift was made
I NIA NII G	ifts I
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Please read the instructions and notes over the page before filling in this form.

en de la composition della com	e Hills Council				
ndidate Informati	on				J
Miss Ms	Mrs	Mr(x) Dr			
Surname	electron who had project to the control of the cont		Given Names	Section (Spirite Lynn) and the section of the secti	Cardy dyn Sangara dina union motory, make inter
Sadler	hadan pagan minengga kalan sakan kalan mahan ajan banga Copi da daka sa saka ba		James Grant	enterior de la companya de la compa	and an about the state of the s
Period to which return	relates (refer Note	<i>2</i>)			
from 18 Septemb	er2018 to	14 November 2018	I declare that during this p		
			No gifts of a kind required to by me (write 'NIL' in the		
			Gifts of a kind required to be		e received by Notes 4 & 5)
Total values of Candidates of		en in en	Number of persons who gasuch gifts are provided below	, ,	Nil ovem <i>b</i> er 2018
Signature of Candi ecific Details of Gi Amount or value of	Specifi date or Member lifts	ic details concerning	such gifts are provided below	v Date 14 No	
Signature of Candiderial Signature of Candiderial Signature of Candiderial Signature of Each gift (refer Note 4)	Specifi date or Member lifts	ic details concerning	such gifts are provided below	v Date 14 No	ovem <i>b</i> er 2018
Signature of Candi ecific Details of Gi Amount or value of	Specifi date or Member lifts	ic details concerning	such gifts are provided below	v Date 14 No	ovem <i>b</i> er 2018 Date on which gift
Signature of Candion o	Specifi date or Member lifts	ic details concerning	such gifts are provided below	v Date 14 No	overniber 2018 Date on which gift was made
Signature of Candion o	Specifi date or Member lifts	ic details concerning	such gifts are provided below	v Date 14 No	overniber 2018 Date on which gift was made
Signature of Candion o	Specifi date or Member lifts	ic details concerning	such gifts are provided below	v Date 14 No	overniber 2018 Date on which gift was made
Signature of Candion o	Specifi date or Member lifts	ic details concerning	such gifts are provided below	v Date 14 No	overniber 2018 Date on which gift was made
Signature of Candiderial Signature of Candiderial Signature of Candiderial Signature of Each gift (refer Note 4)	Specifi date or Member lifts	ic details concerning	such gifts are provided below	v Date 14 No	overniber 2018 Date on which gift was made
Signature of Candiderial Signature of Candiderial Signature of Candiderial Signature of Each gift (refer Note 4)	Specifi date or Member lifts	ic details concerning	such gifts are provided below	v Date 14 No	overniber 2018 Date on which gift was made
Signature of Candiderial Signature of Candiderial Signature of Candiderial Signature of Each gift (refer Note 4)	Specifi date or Member lifts	ic details concerning	such gifts are provided below	v Date 14 No	overniber 2018 Date on which gift was made



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To the Council Chief Executive Officer:	
Name of Council ADECAIDE MILLS COUNCIL	
Candidate Information	
Miss Mrs Mr Dr	
Surname STEEPLES	Given Names. 17.₩
Period to which return relates (refer Note 2)	
from August 1 to NOVEMBER	I declare that during this period (tick appropriate box) No gifts of a kind required to be disclosed were received by me (write 'Nil!' in the list below, refer Notes 4 & 5)
	Gifts of a kind required to be disclosed were received by me (refer Notes 4 & 5)
Total value of those gifts \$	Number of persons who gave those gifts N/A
Specific details/concerning	such gifts are provided below
Signature of Candidate or Member	Date 15/11/2018.
Specific Details of Gifts	
Amount or value of each gift (refer Note 4) Name and address of each donor (refer Note	Date on which gift was made
1-	



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he Council Chief	Executive Officer:		
Name of Council			
	de Hills Cou	neil	
Hoeren	ate that con		
didate Informatio	on		
Miss Ms	Mrs Mr Dr		
	IVIIS IVII DI		
Surname	LATFORD	Given Names ANDREW MARK	15
Period to which return		1910 less frister	
renod to which return	to	I declare that during this period (tick appropriate bo.	v)
		No gifts of a kind required to be disclosed were received by me (write 'NIL' in the list below, refer Notes 4 & 5	d [
		Gifts of a kind required to be disclosed were received by me (refer Notes 4 & 5	
Total valu	ue of those gifts \$ 866 52	Number of persons who gave those gifts	
	4 000 12	Number of persons who gave those girts	
		ning such gifts are provided below	
Signature of Candic	Specific details concern		8
cific Details of Gi	Specific details concern	Date 2 2 Date on which	
cific Details of Gi Amount or value of each gift (refer Note 4) N	Specific details concern date or Member ifts lame and address of each donor (refer N	Date on which was made	
cific Details of Gi Amount or value of each gift (refer Note 4) N	Specific details concern date or Member ifts lame and address of each donor (refer N	Date on which was made	
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cific Details of Gi Amount or value of each gift (refer Note 4) N	Specific details concern date or Member ifts lame and address of each donor (refer N	Date on which was made	
cific Details of Gi Amount or value of each gift (refer Note 4) N	Specific details concern date or Member ifts lame and address of each donor (refer N	Date on which was made	





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didate Information			
Miss Mrs Mr Mrs	Dr X		
Surname	J 14	Given Names	
WEDOM	e de tresta com de troma de el conducion el constituir de el conducion de la condución de la condución de la c	JANGARÉ	
Period to which return relates (refer Note 2)			
rom 28 NOV 2014 to 30 NO	V 2016	I declare that during this pe	riod (tick appropriate box)
	*	No gifts of a kind required to I by me (write 'NIL' in the li	ne disclosed were received to below, refer Notes 4 & 5)
		Gifts of a kind required to be o	disclosed were received by me (refer Notes 4 & 5)
Total value of those gifts \$		Number of persons who gave	those gifts
Specific detail	s concernina	such gifts are provided below	
Specific detail			
	CM/_		Talala.
Signature of Candidate or Member	CW67	Da	te 6/12/18
Signature of Candidate or Member	CWan		te 6/12/18
Signature of Candidate or Member	CWan		
Signature of Candidate or Member	CWan	Da	te G/2/18 Date on which gift was made
Signature of Candidate or Member cific Details of Gifts Amount or value of	CWan	Da	Date on which gift
Signature of Candidate or Member cific Details of Gifts Amount or value of	CWan	Da	Date on which gift
Signature of Candidate or Member cific Details of Gifts Amount or value of	CWan	Da	Date on which gift
Signature of Candidate or Member cific Details of Gifts Amount or value of	CWan	Da	Date on which gift
Signature of Candidate or Member cific Details of Gifts Amount or value of	CWan	Da	Date on which gift
Signature of Candidate or Member cific Details of Gifts Amount or value of	CWan	Da	Date on which gift
Signature of Candidate or Member cific Details of Gifts Amount or value of	CWan	Da	Date on which gift