

Form 2—Register of interests of a councillor and their related persons

Section 171B—Local Government Act 2009

This form is to be used:

- for initial lodgement of your register of interests, or
- to amend your existing register of interests.

For a councillor – complete section A.

For a councillor's related person – complete sections A and B.

Relevant sections in *the Local Government Regulation 2012* have been indicated in italics.

1. Particulars

A. Particulars of councillor

Full name:	Warren Colin Devlin
Local government:	Etheridge Shire
Position:	Mayor

B. Particulars of related person

Full name:	
Relationship to councillor:	

Signature and date of statement

Date of statement:	26 January 2018
Signature of councillor:	

Notes are available at the end of this document to assist you with completing your register of interests.

Signature:  Date: ___/___/___

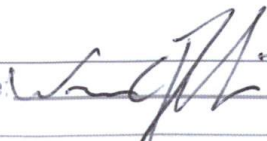
Version no: July 2017

12. Gifts over \$500 or all gifts totalling more than \$500

Add	Remove	Name of donor 12(1)(a)	Description of the gift/s 12(1)(b)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Investment Association of China	Tea and Teapot (unable to assess value)
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

13. Sponsored hospitality benefits

Add	Remove	Source of the contribution for travel or accommodation received 13(a)	Purpose of the benefit received 13(b)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Investment Association of China	Meals, travel and transfers within China from 22 November to 27 November 2017
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

Signature:  Date: ___/___/___