



SUMMARY OF INITIAL PERSONAL INTERESTS RETURN

Local Government Act 2020 (section 133)

Local Government (Governance and Integrity) Regulations 2020, Regulation 8

Full Name	Oliver McNulty
Name of Council	STRATHBOGIE SHIRE COUNCIL
Name of Ward (if applicable)	NA
Position held at Council	Director Sustainable Infrastructure
Date submission required by	3 April 2025
Date submission received	5 April 2025

1. Corporate Directorship or memberships of a governing body

Name of the corporation	Office held by you	Description of the purpose or activities of the corporation
NA		

2. Unincorporated association in which you are a member and perform a leadership role

Name of Association	Position held by you	Description of the purpose or activities of the Association
NA		

3. Business partnerships or joint ventures of which you are a member

Name of partnership or joint venture	Purpose or activities of the partnership or joint venture
NA	

4. Trusts of which you are a trustee or a beneficiary

Name of the trust	Types of assets held by the trust	Purpose of the trust
NA		

- 5. Paid employment during the last six months where the income from that employer is more than \$10,000 during that time**

Name of employer
NA

- 6. Consultancies, contracts or agents where payments exceeded \$10,000 for each**

Name of the person or body
MOUNT ALEXANDER SHIRE COUNCIL

- 7. Land you own or hold a beneficial interest in, located within the municipal district of the Council or an adjoining municipal district**

Suburb or town land is located	Purpose for which the land is held	Nature of your interest in the land
NA		

- 8. Shares you own or have a beneficial interest in**

Name of the company
NA

- 9. Companies in which you, solely or jointly with any family members, hold a controlling interest**

Name of the company	Description of the purpose or activities of the company	Name of any other company in which this company held a controlling interest
NA		

- 10. Personal debt over \$10,000**

Name of the creditor	Details of debt
NA	

11. Other interests

NA

12. Certification

By signing below, I certify that the information provided by me in this return is accurate and complete.

Signature *Oliver McNulty*

Name: Oliver McNulty

Date: 5/04/2025