

ELECTRONIC DETERMINATION	Papers circulated electronically on 30 June 2025.
Panel Reference	PPSNTH-414 – Coffs Harbour –0098/25DM 1 Newmans Road Woolgoolga 2456
Chair	Dianne Leeson

In relatio	on to this matter, I declare	that I have:	
no	o known conflict of interes	st ⊠ OR	
ar 	n actual¹□, potential²□	or reasonably perceived³ □ conflict	of interest, as detailed below:
æ	eeson	Dianne Leeson	18 July 2025
Signatur	e	Name	Date
	-	panel chair is to ensure appropriate ntersign this form, noting any addition	management measures are in place, as onal measures.
Chair Sig	gnature	Name	Date

Please return this form to the Planning Panels Secretariat at $\underline{enquiry@planningpanels.nsw.gov.au}$

 $^{^{1}}$ An 'actual' conflict of interests is where there is a direct conflict between a member's duties and responsibilities and their private interests or other duties.

² A 'potential' conflict of interests is where a panel member has a private interest or other duty that could conflict with their duties as a panel member in the future.

³ A 'reasonably perceived' conflict of interests is where a person could reasonably perceive that a panel member's private interests or other duties are likely to improperly influence the performance of their duties as a panel member, whether or not this is in fact the case.



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Perfer	•	•	
Signature			
			as
Chair Signature	Name	Date	

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-			
M. S.	Michael Wright	16 July 2025	
Signature	Name	Date	
	panel chair is to ensure appropriate ntersign this form, noting any addit	management measures are in place, as ional measures.	
Chair Signature	Name	Date	

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Alusta	George Cecato	17 July 2025	
Signature	Name	Date	
Should a conflict be declared the panel chair is to ensure appropriate management measures are in place, as determined by the chair, and countersign this form, noting any additional measures.			
Chair Signature	Name	Date	

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ELECTRONIC

Chair Signature

DETERMINATION

Daniel Defende	PPSNTH-414 – Coffs Harbou	ur –0098/25DM	
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Chair	Dianne Leeson		
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-			
4.			
12/2	Nikki Williams	17 July 2025	
Signature	Name	Date	

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Name

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