

Received (Date and Time)

## **County of Wellington**

## **Declaration of Interest**

Sof (Mar)	
Member's Name	is white
Urv	18 6 6 72
Meeting Date	Council or name of Committee/Board
NOV 25/21	County Council
Item Number	Agenda Item Title _H.R. Salaries
6.00 AF+HR	Tor Mear Corporate Plan
I declare a direct or indirect pecuniary interest in the agenda item noted above in accordance with section 5 of the Municipal Conflict of Interest Act.  The nature of my interest is as follows:	
My daught	er is employed by the
My daughter is employed by the County Human Resources.	
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Declaration Date S	ignature of Member
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10:00 om	Opionia Courty Verl