

Major Development Assessment  
Department of Planning and Infrastructure  
GPO Box 39  
Sydney NSW 2001

**RE: Submission in relation to the Stratford Extension Project (SSD-4966)**

Person making Submission:

Name: Bryna Butlin

Address: UNIT 406/ 2 Little Street

Town/Suburb: Forster State: NSW Postcode 2428

I support the Project ☒

OR

I object to the Project ☐

Please tick one option

Reason(s) why: potential increase in property value;  
employment opportunities; positive environmental  
turnover; increase in area revenue;

Signature: Bryna A Butlin

Bryna Andrea Butlin  
Name

28/11/2012  
Date

## Political Donations Disclosure Statement to Minister or the Director-General

If you are required under section 147(3) of the Environmental Planning and Assessment Act 1979 to disclose any political donations (see Page 1 for details), please fill in this form and sign below.

<b>Disclosure statement details</b>				
Name of person making this disclosure <i>Bryna Butlin</i>		Planning application reference (e.g. DA number, planning application title or reference, property address or other description) SSD-4966		
Your interest in the planning application (circle relevant option below)				
You are the APPLICANT    YES / <b>(NO)</b> OR    You are a PERSON MAKING A SUBMISSION IN RELATION TO AN APPLICATION <b>(YES)</b> / NO				
<b>Reportable political donations made by person making this declaration or by other relevant persons</b>				
* State below any reportable political donations you have made over the 'relevant period' (see glossary on page 2). If the donation was made by an entity (and not by you as an individual) include the Australian Business Number (ABN). * If you are the applicant of a relevant planning application state below any reportable political donations that you know, or ought reasonably to know, were made by any persons with a financial interest in the planning application, OR * If you are a person making a submission in relation to an application, state below any reportable political donations that you know, or ought reasonably to know, were made by an associate.				
Name of donor (or ABN if an entity)	Donor's residential address or entity's registered address or other official office of the donor	Name of party or person for whose benefit the donation was made	Date donation made	Amount/ value of donation
Please list all reportable political donations—additional space is provided overleaf if required.				
By signing below, I/we hereby declare that all information contained within this statement is accurate at the time of signing.				
Signature(s) and Date				
<i>Bryna A Butlin</i> 28/11/12				
Name(s)				
<i>Bryna Butlin</i>				