

Form 4

Register of Members' Interests
Ordinary Return

Please read instructions and notes below before completing this return.

Surname: ...**BRIA**..... Other Names: **ROBERTO**.....

Office Held: **INDEPENDENT MEMBER – AUDIT & RISK COMMITTEE.**

1. Provide a statement of any income source of a financial benefit² that you have or a person related to you³ has received, or was entitled to receive, during the return period.

- **CALHN – Board Member**
- **SRWRA – Independent Board Member**
- **City of Campbelltown – Chair of Audit and Risk Committee**
- **City of Port Adelaide Enfield - Audit and Risk Committee**
- **City of Whyalla - Audit and Risk Committee**
- **Town of Walkerville - Audit and Risk Committee**
- **District Council of Yankalilla - Audit and Risk Committee**
- **Brownhill Keswick Creek Project - Audit and Risk Committee**
- **Rhombus Management Consulting - Director**
- **City of Adelaide – Wife - employed**
- **Shared Services SA – Son - employed**
- **Briz Productions – Son - contractor**
- **City of Adelaide – Son - employed**

2. State the name of any company or other body, corporate or unincorporate, in which you held, or a member of your family⁴ held, any office during the return period whether as director or otherwise.

BOARD MEMBER – SOUTHERN REGION WASTE RESOURCE AUTHORITY

BOARD MEMBER – CENTRAL ADELAIDE LOCAL HEALTH NETWORK

DIRECTOR – RHOMBUS MANAGEMENT CONSULTING.....

3. State the name or description of any company, partnership, association or other body in which you or a person related to you³ is an investor

COMMONWEALTH BANK OF AUSTRALIA.....

4. State the name of any political party, any body or association formed for political purposes or any trade or professional organisation⁸ of which you are a member

CPA AUSTRALIA

AUSTRALIAN INSTITUTE OF COMPANY DIRECTORS

GRANGE GOLF CLUB.....

5. State the name and business address of any employer for whom you work and, if you are employed, the name of the office or place where you work or a concise description of the nature of your work.

CITY OF CAMPBELLTOWN – CHAIR AUDIT & RISK COMMITTEE

SRWRA – INDEPENDENT BOARD MEMBER

CALHN – BOARD MEMBER

CITY OF PORT ADELAIDE ENFIELD – INDEPENDENT MEMBER AUDIT & RISK

Received 3/7/26
Attest

TOWN WALKERVILLE - INDEPENDENT MEMBER AUDIT & RISK

DISTRICT COUNCIL OF YANKALILLA - INDEPENDENT MEMBER AUDIT & RISK

BROWNHILL KESWICK CREEK PROJECT - INDEPENDENT MEMBER AUDIT & RISK

CITY OF WHYALLA - INDEPENDENT MEMBER AUDIT & RISK

6. Provide a concise description of any trust (other than a testamentary trust) of which you or a person related to you³ is a beneficiary or trustee, and the name and address of each trustee.

NIL.....

7. Provide the address or description of any land in which you have or a person related to you³ has any beneficial interest⁹ other than by way of security for any debt.



8. Provide details of any fund in which you or a person related to you³ has an actual or prospective interest to which contributions are made by a person other than you or a person related to you³.

HOSTPLUS SUPER

9. If you are or a person related to you³ is indebted to another person (not being related by blood or marriage) in an amount of or exceeding \$7,500 - state the name and address of that other person.

COMMONWEALTH BANK OF AUSTRALIA

10. If you are or a person related to you³ is owed money by a natural person (not being related by blood or marriage) in an amount of or exceeding \$10,000 - state that person.

NIL.....

11. Declare any other substantial interest of yours or of a person related to you whether of a pecuniary nature or not, of which you are aware and which you consider might appear to raise a material conflict between your private interest and the public duty that you have or may subsequently have as a member of the council.

NIL.....

12. Provide any other additional information which you think fit.

NIL.....

A handwritten signature in black ink, appearing to be 'R. J. J.' or similar.

Signature of Member:.....

Date: 3../..07...../..2026.....