

Claim for annual payment from the New Parties Fund – 2019

The information on this form is collected under the *Electoral Funding Act 2018*. This claim must be accompanied by a *Declaration of Expenditure for Policy Development Purposes – 2018 (EF.696)*. The claim will be published on the NSW Electoral Commission website.

Claimant details

Voluntary Euthanasia Party NSW

NAME OF REGISTERED POLITICAL PARTY

Claim details

I, Sandra Hannah Steep being the party agent for the above named registered political party

hereby claim the amount of \$30,531.15 which represents the amount claimed by the party for the 2019 calendar year that is policy development expenditure as described under section 85 of the *Electoral Funding Act 2018* and not exceeding the annual amount payable to the party.

To be eligible for public funding payments a party must provide, and promptly notify the NSW Electoral Commission of changes to, a list of its senior office holders and a summary of their roles and responsibilities. By signing this claim I declare that the above named party (if applicable) remains compliant in this respect.

This claim must be lodged by 30 June 2020.

This claim must be accompanied by the following information and documents where applicable:

- Invoices.
- Payroll summary (for staff expenditure) - names of individuals or confidential information may be redacted.
- Rationale for the apportionment of expenditure. This can be represented as a proportion of the cost.
- Log books (applicable to the party when using a vehicle for policy development purposes as expenses may be claimed based on kilometres travelled).
- Interest on loans - copies of bank statements/receipts to substantiate the interest component.

I understand that giving information which I know is false or misleading in a material particular is an offence.



SIGNATURE OF PARTY AGENT

28/01/2020

DAY/MONTH/YEAR

Documents lodged with this claim

Declaration of Expenditure for Policy Development Purposes – 2019 (EF.696)

OFFICE USE ONLY

30 JAN 2020

DATE CLAIM RECEIVED:

/ /

DATE APPROVED BY:

/ /

DATE PAYMENT MADE:

010542

ANNUAL FUNDING ENTITLEMENT (\$):

AMOUNT APPROVED FOR PAYMENT (\$):

ACCOUNT CODE: KBA: 08 BRANCH: 60: ACCOUNT NO: