

Claim for quarterly payment from the Administration Fund - 2019 second quarter

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Claimant details

THE GREENS NSW
NAME OF REGISTERED POLITICAL PARTY OR INDEPENDENT ELECTED MEMBER OF PARLIAMENT

Claim details

I, **DAVID MALLARD**, being the party agent for the above named registered political party or elected member of the NSW Parliament hereby claim the amount of **\$ 307,187.80** which represents the amount claimed by the party or member for the second quarter of the 2019 calendar year that is administration and operating expenses as described under section 84 of the *Electoral Funding Act 2018* and not exceeding the quarterly amount payable to the party or member.

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 September 2019.

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 or independent elected member when using a vehicle for administrative purposes as expenses may be claimed based on kilometres travelled).
- Interest on loans - copies of bank statements/receipts to substantiate the interest component.

SIGNATURE
ELECTED MEMBER (WHICHEVER IS APPLICABLE)

DATE
27/09/2019

Documents lodged with this claim:

Declaration of Expenditure for administration purposes - 2019 second Quarter (EF.698)

OFFICE USE ONLY

30 SEP 2019		007507
DATE CLAIM RECEIVED	ANNUAL FUNDING ENTITLEMENT (\$)	
/ /		
DATE APPROVED BY	AMOUNT APPROVED FOR PAYMENT (\$)	
/ /		
DATE PAYMENT MADE	ACCOUNT CODE: KBA: 08 BRANCH: 60- ACCOUNT NO.	
/ /		