

Claim for quarterly payment from the Administration Fund – 2020 second quarter

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Claimant details

Shooters Fishers and Farmers Party
NAME OF REGISTERED POLITICAL PARTY OR INDEPENDENT ELECTED MEMBER OF PARLIAMENT

Claim details

I, Grant Layland, being the party agent for the above named registered political

party or independent elected member of the NSW Parliament claim the amount of \$256,500.00 which represents the amount claimed by the party or elected member for the second quarter of the 2020 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 elected 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 31 August 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 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.**

I understand that providing false or misleading information in a material particular is an offence.



SIGNATURE OF
ELECTED MEMBER (WHICHEVER IS APPLICABLE)

[Redacted Signature]

27/07/2020
DATE

Documents lodged with this claim:

Declaration of expenditure for administration purposes – 2020 second quarter (EF.698)

OFFICE USE ONLY

27 / 07 / 2020

DATE CLAIM RECEIVED

[Redacted Box] 01587

ANNUAL FUNDING ENTITLEMENT (\$)

DD / MM / YYYY

DATE APPROVED BY

[Redacted Box]

AMOUNT APPROVED FOR PAYMENT (\$)

DD / MM / YYYY

DATE PAYMENT MADE

[Redacted Box]

ACCOUNT CODE

KBA: 08 BRANCH: 60:

ACCOUNT NO.