**Elections** ACT



ACT Electoral Commission, 1 Constitution Ave, Canberra

PO Box 272 Civic Square ACT 2608

Claims must be lodged with the Commission at the above address within 20 weeks after polling day

This claim must be completed by either (a), (b) or (c)

- (a) Party by the agent of the registered political party, or if no appointment was made by the registered officer of the party
- (b) Candidate by the appointed agent, or if no appointment was made by the candidate personally
- (c) Non-party by the appointed agent, or if no appointment was made by close of nominations for the election, group by a member of the non-party group

PLEASE SUPPLY ALL DETAILS REQUIRED IN THE FORM

	De	etails of (	Claima	nt		
Full name of person making claim	[					
Correspondence address (Cheque will be sent to this address)		-				
,			•		. Postcode	• • • • • • • •
Telephone	Business				Fax	
Claim made on behalf of (Name of party, candidate or non- party group)						
Date of election to which claim refer		• • • • • • • • • • • • • • • • • • •				
Have any claims been made relating to this election?	YES [		NO			
FIRST CLAIM — amount of payment received	\$					
SECOND CLAIM — amount of payment received	\$					

#### **Electoral Expenditure to Support Claim**

- · The summary overleaf is to be completed by ALL claimants
- Expenditure solely by or on behalf of a candidate or non-party group not achieving at least 2% of eligible votes cast in the electorate contested must NOT be included
- Original vouchers (invoices, receipts, etc) must be numbered, scheduled and forwarded to the Commission with this claim. They will be copied and returned.

ACT EF072 (1/95)

ACT Electoral Commission

Page 2 continued

# Summary of Electoral Expenditure to Support Claim

Please refer to the election Funding and Disclosure Handbook for details of electoral expenditure which may be used to support the claim

It is recommended that vouchers with a total value greater than the election funding entitlement be provided (where possible) in case some vouchers are disallowed or a recount of votes results in a greater entitlement

Type of expenditure	Amo	unt	Voucher numbers		
	\$	с			
Broadcasting					
Publishing					
Display advertising					
Printing					
Consultant's fees					
Advertising agent's fees					
Opinion Poll/election related research					
Salaries — NOTE copies of employment agreements must be attached					
Travel costs					
Postage, freight, phones, telex					
Office requisites					
Campaign novelties and fund-raising costs — in certain circumstances — see	Total cost				
Handbook	Less income				
-	Amount				
Other please specify					

Page 3 continued

### **Agents of Registered Political Parties Only**

What is the value of expenditure incurred by the registered political party used to support this claim?

Is a statement detailing and justifying the apportionment of the registered political party attached?

If NO, when was this statement forwarded to the Commission?

NOTE Expenditure by the registered political party can only be used to support this claim if a statement of apportionment signed by the agent of the party with supporting vouchers has been furnished to the Commission or accompanies this claim

#### **Agent's Certification**

I certify that to the best of my knowledge and belief the information provided in this claim is true, complete and accurate

Agent's signature

Penalty for knowingly furnishing false or misleading information in a claim is \$5,000 or 6 months imprisonment or both

\$			
YES		NO	
	1	/19	

1

/19

## Penalty

### Page 4 continued

# For Office Use Only

Electorate	FFP Votes	2%?	Final	Electorate	FFP Votes	2%?	Final
					]		
TOTAL				TOTAL			

Eligible votes	X	=	\$	
	Entitlement		\$	-
	Less amount paid (refer to front page)		\$	
	Balance of Entitlement		\$_	