



Campaign expenditure return by a party on the Northern Ireland register

Important: the accompanying explanatory notes should be read before completing this form.

A1 Details of registered party

Party name

Regulated period Election

Party reference

A2 Declaration and signature

I declare that I have examined the information in this return and that, to the best of my knowledge and belief, it is a complete and correct return as required by law, and that all expenses shown in it as paid, have been paid by me or one of my deputies or by a person authorised under section 76 of the Political Parties, Elections and Referendums Act 2000.

Signed Date
dd mm yyyy

Printed name

Registered treasurer / campaigns officer (delete as applicable)

A3 Audited return

Accounts audited: Yes No (Tick as appropriate)

If applicable:

Name of auditor

Address

Town County Postcode

Party name

Regulated period

Election(s)

Section B: Summary of expenditure

B1 Types of payment

Summary information required
(to the nearest £)

Total £

Total payments made	<input type="text" value="5,314"/>
Total of notional expenditure	<input type="text" value="Nil"/>
Total of unpaid claims	<input type="text" value="Nil"/>
Total of disputed claims	<input type="text" value="Nil"/>
Total of above expenditure	<input type="text" value="5,314"/>

B2 Constituencies/regions contested

Number of constituencies/regions contested

B3 Categories of expenditure

Summary information required (to the nearest £)

Total £

A. Party political broadcasts	<input type="text" value="3,351"/>
B. Advertising	<input type="text" value="1,515"/>
C. Unsolicited material to electors	<input type="text" value="Nil"/>
D. Manifesto/party policy documents	<input type="text" value="367"/>
E. Market research/canvassing	<input type="text" value="Nil"/>
F. Media	<input type="text" value="Nil"/>
G. Transport	<input type="text" value="Nil"/>
H. Rallies and other events	<input type="text" value="Nil"/>
I. Overheads and general administration	<input type="text" value="81"/>
Total expenditure	<input type="text" value="5,314"/>

Party name

Regulated period

Election(s)

Section C: payments made

Number of entries made in this section

C1 Actual payments - statement of individual payments

No. Date expense incurred
dd mm yyyy

Category of expense (A-I) Date of claim for payment
dd mm yyyy

Date claim paid Amount £.pp
dd mm yyyy

Supplier (name and address)

Name

Address

Town County Postcode

Invoice/receipt submitted Yes No (Tick as appropriate)

No. Date expense incurred
dd mm yyyy

Category of expense (A-I) Date of claim for payment
dd mm yyyy

Date claim paid Amount £.pp
dd mm yyyy

Supplier (name and address)

Name

Address

Town County Postcode

Invoice/receipt submitted Yes No (Tick as appropriate)

Party name **TUV**

Regulated period **5/2/09 – 4/6/09** Election(s) **European**

No. **3** Date expense incurred ~~dd~~ ~~mm~~ ~~yyyy~~ to **20** **03** **2009**
dd mm yyyy

Category of expense (A-I) **B** Date of claim for payment **01** **06** **2009**
dd mm yyyy

Date claim paid **08** **06** **2009** Amount £.pp **1,400.00**
dd mm yyyy

Supplier (name and address)

Name **Award Design**

Address **12 Sandylands**

Town **Ballyhalbert** County **Down** Postcode **BT22 1BT**

Invoice/receipt submitted Yes No (Tick as appropriate)

No. **4 (part)** Date expense incurred **20** **03** **2009**
dd mm yyyy

Category of expense (A-I) **D** Date of claim for payment **14** **06** **2009**
dd mm yyyy

Date claim paid **18** **06** **2009** Amount £.pp **137.00**
dd mm yyyy

Supplier (name and address)

Name **Award Design**

Address **12 Sandylands**

Town **Ballyhalbert** County **Down** Postcode **BT22 1BT**

Invoice/receipt submitted Yes No (Tick as appropriate)

Party name **TUV**

Regulated period **5/2/09 – 4/6/09** Election(s) **European**

No. **5** Date expense incurred **06 04 2009**
dd mm yyyy

Category of expense (A-I) **A** Date of claim for payment **12 06 2009**
dd mm yyyy

Date claim paid **19 06 2009** Amount £.pp **2,300.00**
dd mm yyyy

Supplier (name and address)

Name **Quadrant**

Address **Greenmeadow Springs**

Town **Cardiff** County **South Glamorgan** Postcode **CF15 7NE**

Invoice/receipt submitted Yes No (Tick as appropriate)

No. **6 (part)** Date expense incurred **20 03 2009**
dd mm yyyy

Category of expense (A-I) **A** Date of claim for payment **25 06 2009**
dd mm yyyy

Date claim paid **29 06 2009** Amount £.pp **172.50**
dd mm yyyy

Supplier (name and address)

Name **Award Design**

Address **12 Sandylands**

Town **Ballyhalbert** County **Down** Postcode **BT22 1BT**

Invoice/receipt submitted Yes No (Tick as appropriate)

Party name **TUV**

Regulated period **5/2/09 – 4/6/09** Election(s) **European**

No. **6 (part)** Date expense incurred ~~dd~~ ~~mm~~ ~~yyyy~~ to **20** **03** **2009**
dd mm yyyy

Category of expense (A-I) **D** Date of claim for payment **25** **06** **2009**
dd mm yyyy

Date claim paid **29** **06** **2009** Amount £.pp **230.00**
dd mm yyyy

Supplier (name and address)

Name **Award Design**

Address **12 Sandylands**

Town **Ballyhalbert** County **Down** Postcode **BT22 1BT**

Invoice/receipt submitted Yes No (Tick as appropriate)

No. **6 (part)** Date expense incurred **20** **03** **2009**
dd mm yyyy

Category of expense (A-I) **B** Date of claim for payment **25** **06** **2009**
dd mm yyyy

Date claim paid **29** **06** **2009** Amount £.pp **115.00**
dd mm yyyy

Supplier (name and address)

Name **Award Design**

Address **12 Sandylands**

Town **Ballyhalbert** County **Down** Postcode **BT22 1BT**

Invoice/receipt submitted Yes No (Tick as appropriate)

Party name

Regulated period

Election(s)

C2 Notional expenditure – statement of individual items

Number of entries made in this section

No. Period/date expense incurred to
dd mm yyyy dd mm yyyy

Category of expense (A-I) Amount £.pp

Nature of expenditure

Supplier (name and address)

Name

Address

Town County Postcode

Declaration submitted if over £200* Yes No (Tick as appropriate)

No. Period/date expense incurred to
dd mm yyyy dd mm yyyy

Category of expense (A-I) Amount £.pp

Nature of expenditure

Supplier (name and address)

Name

Address

Town County Postcode

Declaration submitted if over £200* Yes No (Tick as appropriate)

* A declaration signed by the Treasurer/campaigns officer (or a deputy) must be provided in respect of the amount of each item with a value exceeding £200

Party name

Regulated period Election(s)

No. Period/date expense incurred to
dd mm yyyy dd mm yyyy

Category of expense (A-I) Amount £.pp

Nature of expenditure

Supplier (name and address)

Name

Address

Town County Postcode

Declaration submitted if over £200* Yes No (Tick as appropriate)

No. Period/date expense incurred to
dd mm yyyy dd mm yyyy

Category of expense (A-I) Amount £.pp

Nature of expenditure

Supplier (name and address)

Name

Address

Town County Postcode

Declaration submitted if over £200* Yes No (Tick as appropriate)

* A declaration signed by the Treasurer/campaigns officer (or a deputy) must be provided in respect of the amount of each item with a value exceeding £200

Party name

Relevant period Election(s)

Section D: Statement of unpaid claims
(where an application has been, or is about to be, made to a court under Section 77(4) of PPERA 2000)

Number of entries made in this section

No. Date expense incurred
dd mm yyyy

Category of expense (A-I) Date of invoice
dd mm yyyy

Amount of unpaid claim £.pp

Supplier (name and address)

Name

Address

Town County Postcode

Comments

No. Date expense incurred
dd mm yyyy

Category of expense (A-I) Date of invoice
dd mm yyyy

Amount of unpaid claim £.pp

Supplier (name and address)

Name

Address

Town County Postcode

Comments

Party name

Relevant period

Election(s)

Section E: Statement of disputed claims

Number of entries made in this section

No.

Date of disputed claim
dd mm yyyy

Category of expense (A-I)

Date of invoice
dd mm yyyy

Amount £.pp

Supplier (name and address)

Name

Address

Town County Postcode

Comments

No.

Date of disputed claim
dd mm yyyy

Category of expense (A-I)

Date of invoice
dd mm yyyy

Amount £.pp

Supplier (name and address)

Name

Address

Town County Postcode

Comments

Party name

Relevant period

Election(s)

Section F: Declaration of notional expenditure

I declare that the individual amounts listed below are a fair assessment of the notional expenditure incurred by the party.

Item number	Item	Value	Supplier's details	Date/period incurred		
				dd	mm	yyyy
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signed

Printed name

Date
dd mm yyyy

Note: continuation sheets should be used to include each item of notional expenditure reported.

For The Electoral Commission use

Date of receipt

<input type="text"/>	<input type="text"/>	<input type="text"/>
dd	mm	yyyy

Checked by:

Date entered in database

<input type="text"/>	<input type="text"/>	<input type="text"/>
dd	mm	yyyy

Checked by:

Date entered on website

<input type="text"/>	<input type="text"/>	<input type="text"/>
dd	mm	yyyy

Checked by:

File reference

Please return the form to:

Party and Election Finance
The Electoral Commission
Trevelyan House
30 Great Peter Street
London SW1P 2HW

Tel: 020 7271 0616

Fax: 020 7271 0505

Email: pef@electoralcommission.org.uk

Website: www.electoralcommission.org.uk