

# 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 **ALLIANCE PARTY OF NORTHERN IRELAND**

Regulated period **5 II 09 - 4 VI 09**

Election(s) **EUROPEAN**

### Section B: Summary of expenditure

#### B1 Types of payment

| Summary information required (to the nearest £) | Total £ |
|---|---------|
| Total payments made                             | NIL     |
| Total of notional expenditure                   | 2390.19 |
| Total of unpaid claims                          | NIL     |
| Total of disputed claims                        | NIL     |
| Total of above expenditure                      | 2390.19 |

#### B2 Constituencies/regions contested

Number of constituencies/regions contested **1**

#### B3 Categories of expenditure

| Summary information required (to the nearest £) | Total £ |
|---|---------|
| A. Party political broadcasts                   | NIL     |
| B. Advertising                                  | NIL     |
| C. Unsolicited material to electors             | 347.20  |
| D. Manifesto/party policy documents             | 42.94   |
| E. Market research/canvassing                   | NIL     |
| F. Media  | NIL     |
| G. Transport                                    | NIL     |
| H. Rallies and other events                     | NIL     |
| I. Overheads and general administration         | 2000.00 |
| Total expenditure                               | 2390.19 |

Expenditure should be rounded to the nearest £

Party name **ALLIANCE PARTY OF NORTHERN IRELAND**

Regulated period **5 II 09 - 4 VI 09** Election(s) **EDRD.**

**Section C: payments made**

Number of entries made in this section **0**

**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 ALLIANCE PARTY OF N.I.

Regulated period 5 II 09 - 4 VI 09 Election(s) EUROPEAN

**C2 Notional expenditure – statement of individual items**

Number of entries made in this section 3

No. 1 Period/date expense incurred 27 5 2009 to 31 5 2009  
dd mm yyyy dd mm yyyy

Category of expense (A-I) C Amount £.pp 347.20

Nature of expenditure Printing of 15890 single side A4 pages black & white for direct mail

Supplier (name and address)

Name ALLIANCE PARTY OF NORTHERN IRELAND

Address 88 UNIVERSITY ST., BE

Town BELFAST County  Postcode B57 1HE

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

No. 2 Period/date expense incurred 10 5 2009 to     
dd mm yyyy dd mm yyyy

Category of expense (A-I) D Amount £.pp 42.99

Nature of expenditure Printing & comb-binding of 30 manifestos (full colour)

Supplier (name and address)

Name ALLIANCE PARTY OF NORTHERN IRELAND

Address 88 UNIVERSITY ST.

Town BELFAST County  Postcode B57 1HE

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 ALLIANCE PARTY OF N.I.

Relevant period SI 09 - 4VI 09

Election(s) EUROPEAN

**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         |
| 1           | 15890 x B/W<br>single side A4<br>printing | £347.20  | ALLIANCE PARTY OF N.I.<br>88 UNIVERSITY ST., BT7 | 02<br>-31            | 05       | 2009         |
| 3           | office<br>services                        | £2000.00 | ALLIANCE PARTY OF N.I.<br>88 UNIVERSITY ST., BT7 | 28<br>4              | 02<br>06 | 2009<br>2009 |
|             |   |          |  |                      |          |              |
|             |   |          |  |                      |          |              |
|             |   |          |  |                      |          |              |
|             |   |          |  |                      |          |              |
|             |   |          |  |                      |          |              |
|             |   |          |  |                      |          |              |
|             |   |          |  |                      |          |              |
|             |   |          |  |                      |          |              |
|             |   |          |  |                      |          |              |
|             |   |          |  |                      |          |              |

Signed Geraad Lynch

Printed name GERRY LYNCH

Date 04 09 2009  
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    Checked by:   
dd mm yyyy

Date entered in database    Checked by:   
dd mm yyyy

Date entered on website    Checked by:   
dd mm yyyy

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](mailto:pef@electoralcommission.org.uk)

Website: [www.electoralcommission.org.uk](http://www.electoralcommission.org.uk)