

Campaign expenditure return by a party on the GB register

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

A1 Details of registered party
Party name INDEPENDENT KINDERMINSTER HOSPITAL AND HEALTH CONCERN.
Regulated period 5/2/2009 no 6/5/2019 Election 2010 CANERAL 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 06 07 20/0 dd mm yyyyy
Printed name KETTH ROBERICK ROBERTSON.
Registered Treasurer / Gampaigns Officer (delete as applicable)
A3 Audited return
If applicable: Name of auditor
Address
Town County Postcode
Return audited: Yes No (tick as appropriate)

Party name Independent Kidderminster Hospital & Health Concern	Regulated period	05/02/2009 to 06/05/2010	Election(s)	2010 General Election				
Section B: Summary of expenditure								
B1 Types of payment								
(to the nearest £)	England £	Scotland £	Wales £	GB Total £				
Total of payments made	159	0	0	159				
Total of notional expenditure incurred	0	0	0	0				
Total of unpaid claims	0	0	0	0				
Total of disputed claims	0	0	0	0				
Total	159	0	0	159				
B2 Constituencies / regions contested								
	England	Scotland	Wales	GB Total				
Number of constituencies			0					
and / or regions contested								
B3 Categories of expenditure								
Summary Information required (to the nearest £)	England £	Scotland £	Wales £	GB Total £				
A. Party political broadcasts	0		0	0				
B. Advertising and publicity material	159	0	0	159				
C. Unsolicited material to electors	0	0	0	0				
D. Manifesto / party policy documents	0	0	0	0				
E. Market research / canvassing	0	9	0	0				
F. Media	9	0	0	0				
G. Transport	9	0	0	0				
H. Rallies and other events	0	0	0	0				
I. Overheads and general administration	0	0	0	0				
Total expenditure	159	0	0	159				

Party name Independent Kidderminster Hospital & Health Concern Regulated period Solve 105/02/2009 to 06/05/2010 Election Solve 2010 General Election					
Section C: Payments made					
Number of entries made in this section Z					
C1 Actual payments - statement of individual payments					
No. 1 Date expense incurred 09 05 2009 dd mm yyyy					
Category of expense (A-I) B Date of claim for payment 13 04 2009 dd mm yyyyy					
Date claim paid 09 05 Zog Amount £.pp					
Supplier (name and address)					
Name TANWOOD ENTERPRISES.					
Address TANWOOD COTTHGE, TANWOOD LAME, CHANDESLEY CORRETT					
Town KIDDELHINSTER County WORCS. Postcode DY10 4 MT					
Invoice/receipt submitted Yes No (Tick as appropriate)					
Amount of expenditure incurred in each part of GB					
England £ / 4 / Scotland £ Wales £ O					
No. Z Date expense incurred 77 03 20/0 dd mm yyyy					
Category of expense (A-I) B Date of claim for payment O O O O O O O O O O O O O					
Date claim paid 17 03 20/0 Amount £.pp					
Supplier (name and address)					
Name TANWOOD ENTERPRISES					
Address TANWOOD COTTAGE, TANWOOD LANE, CHADDESLEY CORBETT					
Town KIDDERMINSTER County WORCS. Postcode DY10 4NT					
Invoice/receipt submitted Yes No (Tick as appropriate)					
Amount of expenditure incurred in each part of GB					

Form RP11(GB) Campaign expenditure return by a party on the GB register 3

** NB. \$17.63 IS APPORTIONED FROM THE TOTAL OF

THE MYVOICE (\$70.50) TO COVER THE THYE WITHIN THE

REGULATED PERIOD.

Party name	Independent I Hospital & He	Kidderminster ealth Concern	Regulated period	05/02/2009 t 06/05/2010	o Electi	ion(s)		General Election
No. ~/	9.			Date expens	se incurred			
L						dd	mm	уууу
Category of	expense (A-I)		•	Date of claim for	or payment	dd	mm	уууу
Date claim p	dd	mm yyyy	Amou	ınt £.pp				
Name [no and agen			the contract of the contract o				
Ivaine [and the state of t			
Address	de andrew mentale and the second							
Town		County	/	and have been a sea that will have been a sea of the season and	Postcode			
Invoice/recei			No 🔲	(Tick as approp	oriate)			
Amount of e	xpenditure in	curred in each pari	of GB					
England £		Scotla	and £		Wales	E		
No.	1/0			Date expen	se incurred			
NO. NO.	1/A -					dd	mm	уууу
Category of expense (A-I) Date of claim for payment								
Date claim p	paid dd	mm yyyy	Amo	unt £.pp		dd	mm	уууу
Supplier (na	me and add	ress)						
Name	and the second s	kunt di garan en mai dalamak da kada da da da da maran en maran en da mada di da di kada da da maran en da da d						
Address								
Town		Count	у		Postcode			
Invoice/rece	ipt submitted	Yes	No	(Tick as appro	priate)			
Amount of e	xpenditure ir	ncurred in each par	t of GB					
				STATE OF THE PARTY		province and a second		

05/02/2009 to 2010 General Independent Kidderminster Election(s) Regulated Party name Election 06/05/2010 Hospital & Health Concern period C2 Notional expenditure - statement of individual items Number of entries made in this section NIL. Category of expense (A-I) Amount (£.pp) Item number Nature of Period/ date incurred expenditure dd mm уууу to Supplier (name and address) dd уууу Name Address Postcode Town County Declaration submitted if over £200* (Tick as appropriate) No Amount of expenditure incurred in each part of GB Wales £ England € Scotland £ Item number Category of expense (A-I) Amount (£.pp) Period/ Nature of expenditure date incurred dd mm уууу Supplier (name and address) to dd mm уууу Name Address Postcode Town County (Tick as appropriate) Declaration submitted if over £200* No Amount of expenditure incurred in each part of GB England £ Scotland £ Wales £

Party name	Independent Kiddermi Hospital & Health Con		Regulated period	05/02/2009 06/05/2010	Election	on(s)		General Election
Item numbe	N/A.	Category of	expense (A-I)		Amount	(£.pp)		
Nature of expenditure				da	Period/ [ate incurred	dd	170.00	1000
Supplier (na	ime and address)				to		mm	УУУУ
Name						dd	mm	уууу
Address								
Town		County			Postcode			
Declaration	submitted if over £20	0* Yes	No	(Tick	as appropriate	e)		
Amount of e	expenditure incurred in	n each part o	f GB					
England £		Scotland	36		Wales £			
Item numbe	r N/A	Category of	expense (A-I)		Amount	(£.pp)		
Nature o				da	Period/ ate incurred	dd	mm	1000
Supplier (na	ame and address)				to [dd		уууу
Name dd mm yyyy							7999	
Address								
Town		County			Postcode			
Declaration submitted if over £200* Yes No (Tick as appropriate)								
Amount of e	expenditure incurred i	n each part c	of GB					
England £		Scotlan	3 b	The state of the s	Wales £			

^{*}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

2010 General 05/02/2009 to Independent Kidderminster Election(s) Regulated Party name Election Hospital & Health Concern 06/05/2010 period 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 NIL. Amount (£.pp) Category of expense (A-I) Item number Invoice Expense incurred dd уууу Supplier (name and address) Name Address Postcode County Town Comments Wales £ England £ Scotland £ Amount (£.pp) Category of expense (A-I) Item number Invoice Expense incurred mm уууу dd mm уууу Supplier (name and address) Name

County

Scotland £

Address

Comments

England £

Town

Postcode

Wales £

2010 General 05/02/2009 to Independent Kidderminster Regulated Election(s) Party name Election 06/05/2010 Hospital & Health Concern period Section E: Statement of disputed claims Number of entries made in this section NIL Amount (£.pp) Category of expense (A-I) Item number Date of disputed claim Invoice dd dd mm mm уууу уууу Supplier (name and address) Name Address Postcode County Town Comments Wales £ England £ Scotland £ Amount (£.pp) Item number Category of expense (A-I) Date of disputed claim Invoice dd dd mm уууу уууу Supplier (name and address) Name Address Postcode Town County Comments

Scotland £

England £

Wales £

Party name

Independent Kidderminster Hospital & Health Concern

Regulated period

05/02/2009 to 06/05/2010

Election(s)

2010 General Election

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	ltem	Value	Supplier's detail	s	Date/j	oeriod ii mm	ncurred yyyy
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				The state of the s			
				ditto-mail or a society		Para Control of Contro	
				The second secon			
						School and the school	
Signed							
Printed name				Date	dd	mm	уууу

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

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	
For The Electoral Commission use	/yy
Date of receipt	Checked by:
Date entered in database	Checked by:
File reference number	Checked by: