

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 KIDDERMINSTER HOSPITAL AND HEALTH CONCERN.

Regulated period 5/2/2009 to 6/5/2010 Election 2010 GENERAL ELECTION.

Party reference [REDACTED]

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 [REDACTED] Date

06	07	2010
dd	mm	yyyy

Printed name KETH RODERICK ROBERTSON.

Registered Treasurer / ~~Campaigns Officer~~ (delete as applicable)

A3 Audited return

If applicable:

Name of auditor N/A.

Address [REDACTED]

Town [REDACTED] County [REDACTED] Postcode [REDACTED]

Return audited: Yes ☐ No ☒ (tick as appropriate)

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 and / or regions contested	1	0	0	1

B3 Categories of expenditure

Summary Information required (to the nearest £)	England £	Scotland £	Wales £	GB Total £
A. Party political broadcasts	0	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	0	0	0
F. Media	0	0	0	0
G. Transport	0	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

Note: Expenditure totals should be rounded to the nearest £

Section C: Payments made

Number of entries made in this section **2**

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 yyyy

Date claim paid **09** **05** **2009** Amount £.pp **£141-00 p.**
dd mm yyyy

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

England £ **141** Scotland £ **0** Wales £ **0**

No. **2** Date expense incurred **17** **03** **2010**
dd mm yyyy

Category of expense (A-I) **B** Date of claim for payment **04** **03** **2010**
dd mm yyyy

Date claim paid **17** **03** **2010** Amount £.pp **£17.63 ***
dd mm yyyy

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

England £ **17.63** Scotland £ **0** Wales £ **0**

* NB. £17.63 IS APPORTIONED FROM THE TOTAL OF THE INVOICE (£70.50) TO COVER THE TIME WITHIN THE REGULATED PERIOD.

Party name **Independent Kidderminster Hospital & Health Concern** Regulated period **05/02/2009 to 06/05/2010** Election(s) **2010 General Election**

No. **N/A** 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)

Amount of expenditure incurred in each part of GB

England £ Scotland £ Wales £

No. **N/A** 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)

Amount of expenditure incurred in each part of GB

England £ Scotland £ Wales £

Party name

Independent Kidderminster
Hospital & Health ConcernRegulated
period05/02/2009 to
06/05/2010

Election(s)

2010 General
Election

C2 Notional expenditure - statement of individual items

Number of entries made in this section

N / L .

Item number

Category of expense (A-I)

Amount (£.pp)

Nature of
expenditurePeriod/
date incurred

dd

mm

yyyy

Supplier (name and address)

to

dd

mm

yyyy

Name

Address

Town

County

Postcode

Declaration submitted if over £200*

Yes

No

(Tick as appropriate)

Amount of expenditure incurred in each part of GB

England £

Scotland £

Wales £

Item number

Category of expense (A-I)

Amount (£.pp)

Nature of
expenditurePeriod/
date incurred

dd

mm

yyyy

Supplier (name and address)

to

dd

mm

yyyy

Name

Address

Town

County

Postcode

Declaration submitted if over £200*

Yes

No

(Tick as appropriate)

Amount of expenditure incurred in each part of GB

England £

Scotland £

Wales £

Party name **Independent Kidderminster
Hospital & Health Concern** Regulated
period **05/02/2009 to
06/05/2010** Election(s) **2010 General
Election**

Item number **N/A** Category of expense (A-I) Amount (£.pp)

Nature of expenditure Period/
date incurred dd mm yyyy

Supplier (name and address) to dd mm yyyy

Name

Address

Town County Postcode

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

Amount of expenditure incurred in each part of GB

England £ Scotland £ Wales £

Item number **N/A** Category of expense (A-I) Amount (£.pp)

Nature of expenditure Period/
date incurred dd mm yyyy

Supplier (name and address) to dd mm yyyy

Name

Address

Town County Postcode

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

Amount of expenditure incurred in each part of GB

England £ Scotland £ 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

Party name

Independent Kidderminster
Hospital & Health ConcernRegulated
period05/02/2009 to
06/05/2010

Election(s)

2010 General
Election

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

N/L.

Item number

Category of expense (A-I)

Amount (£.pp)

Expense incurred

dd

mm

yyyy

Invoice

dd

mm

yyyy

Supplier (name and address)

Name

Address

Town

County

Postcode

Comments

England £

Scotland £

Wales £

Item number

Category of expense (A-I)

Amount (£.pp)

Expense incurred

dd

mm

yyyy

Invoice

dd

mm

yyyy

Supplier (name and address)

Name

Address

Town

County

Postcode

Comments

England £

Scotland £

Wales £

Party name

Independent Kidderminster
Hospital & Health ConcernRegulated
period05/02/2009 to
06/05/2010

Election(s)

2010 General
Election

Section E: Statement of disputed claims

Number of entries made in this section

NIL

Item number

Category of expense (A-I)

Amount (£.pp)

Date of disputed claim

dd

mm

yyyy

Invoice

dd

mm

yyyy

Supplier (name and address)

Name

Address

Town

County

Postcode

Comments

England £

Scotland £

Wales £

Item number

Category of expense (A-I)

Amount (£.pp)

Date of disputed claim

dd

mm

yyyy

Invoice

dd

mm

yyyy

Supplier (name and address)

Name

Address

Town

County

Postcode

Comments

England £

Scotland £

Wales £

Independent Kidderminster Hospital & Health Concern

Regulated
period05/02/2009 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.

N/A.

[illegible]

Signed

Printed name

Date _____

dd mm yyyy

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

Date of receipt

dd	mm	yyyy

Checked by:

Date entered in database

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Checked by:

File reference number

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Checked by: