



The Electoral Commission

Campaign expenditure by a party on the Northern Ireland register – combined limits

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 **5.2.09 - 6.5.10**

Election(s) **WESTMINSTER**

Section B: Summary of expenditure

B1 Types of payment

Summary information required (to the nearest £)	Total £
Total payments made	23644.55
Total of notional expenditure	299.65
Total of unpaid claims	
Total of disputed claims	
Total of above expenditure	23944.20

B2 Constituencies/regions contested

Number of constituencies/regions contested **18**

B3 Categories of expenditure

Summary information required (to the nearest £)	Total £
A. Party political broadcasts	12925.00
B. Advertising	6563.50
C. Unsolicited material to electors	763.75
D. Manifesto/party policy documents	000000 175.00
E. Market research/canvassing	NIL
F. Media	176.30
G. Transport	NIL
H. Rallies and other events	3340.65
I. Overheads and general administration	NIL
Total expenditure	23944.20

Expenditure should be rounded to the nearest £

ALLIANCE PARTY OF NORTHERN IRELAND
 5TH 09 - 6TH 10
 UK GENERAL ELECTION

B4 Summary of expenditure reported in a previous return

(to the nearest £)	Total £
Total of payments made	NIL
Total of notional expenditure incurred	2390.19
Total of unpaid claims	NIL
Total of disputed claims	NIL
Total	2390.19

B5 Confirmation of submission of invoices/receipts in a previous return

All invoices/receipts required in support of relevant expenditure included in B3 above have been submitted with a previous return in respect of:

EUROPEAN ELECTION

which was held on (please indicate previous election(s):

4 JUL 09

Yes/No please delete as applicable

Yes No

B6 Categories of expenditure

Summary Information required (to the nearest £)	Total £
A. Party political broadcasts	NIL
B. Advertising and publicity material	NIL
C. Unsolicited material to electors	347.20
D. Manifesto / party policy documents	42.99
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	2000.00

Note: Expenditure totals should be rounded to the nearest £

Party name **ALLIANCE PARTY OF NORTHERN IRELAND.**

Regulated period **5.2.09 - 6.5.10**

Election(s) **WESTMINSTER.**

Section C: Payments made (not previously reported)

Number of entries made in this section **12**

C1 Actual payments – statement of individual payments

No. **A1** Date expense incurred **15 3 2010**
dd mm yyyy

Category of expense (A-I) **A** Date of claim for payment **27 4 2010**
dd mm yyyy

Date claim paid **6 5 2010** Amount £.pp **12925.00**
dd mm yyyy

Supplier (name and address)
Name **MACMILLAN MEDIA**
Address **32-36 DUBLIN ROAD**
Town **BELFAST** County Postcode **BT2 7HN**
Invoice/receipt submitted Yes No (Tick as appropriate)

No. **B1** Date expense incurred **05 04 2010**
dd mm yyyy

Category of expense (A-I) **B0** Date of claim for payment **10 04 2010**
dd mm yyyy

Date claim paid **15 04 2010** Amount £.pp **250.00**
dd mm yyyy

Supplier (name and address)
Name **GERRY LYNCH**
Address **9 DONORE COURT**
Town **BELFAST** County Postcode **BT15 2EZ**
Invoice/receipt submitted Yes No (Tick as appropriate)

Party name **ALLIANCE PARTY OF NORTHERN IRELAND.**

Regulated period **5.2.09 - 6.5.10**

Election(s) **WESTMINSTER.**

No. **B2** Date expense incurred **10** **4** **2010** to **01** **05** **2010**
dd mm yyyy dd mm yyyy

Category of expense (A-I) **B** Date of claim for payment **08** **05** **2010**
dd mm yyyy

Date claim paid **21** **05** **2010** Amount £.pp **2415.00**
dd mm yyyy

Supplier (name and address)
Name **GORDON DUFF**

Address **73 PALMERSTON RD.**

Town **BELFAST** County Postcode **BT4 1QS**

Invoice/receipt submitted Yes No (Tick as appropriate)

No. **B3** Date expense incurred **01** **04** **2010**
dd mm yyyy

Category of expense (A-I) **B** Date of claim for payment **21** **04** **2010**
dd mm yyyy

Date claim paid **28** **04** **2010** Amount £.pp **3898.50**
dd mm yyyy

Supplier (name and address)
Name **ALEXANDER BOYD**

Address **LAMBEG MILLS**

Town **LISBORN** County Postcode **BT27 5SX**

Invoice/receipt submitted Yes No (Tick as appropriate)

Party name **ALLIANCE PARTY OF NORTHERN IRELAND**

Regulated period **5.2.09 - 6.5.10**

Election(s) **WESTMINSTER**

No. **C1**

Date expense incurred **20 4 2010**
dd mm yyyy

Category of expense (A-I) **C**

Date of claim for payment **30 4 2010**
dd mm yyyy

Date claim paid **4 5 2010**
dd mm yyyy

Amount £.pp **763.75**

Supplier (name and address)

Name **RNIB ACCESSIBLE MEDIA**

Address **159 DURHAM ST.**

Town **BELFAST** County Postcode **BT12 4GB**

Invoice/receipt submitted Yes No (Tick as appropriate)

No. **01**

Date expense incurred **10 04 2010**
dd mm yyyy

Category of expense (A-I) **D**

Date of claim for payment **01 05 2010**
dd mm yyyy

Date claim paid **04 05 2010**
dd mm yyyy

Amount £.pp **130.00**

Supplier (name and address)

Name **SAKE CAMPBELL**

Address **7 ASHDENE BRIVE**

Town **BELFAST** County Postcode **BT15 3FS**

Invoice/receipt submitted Yes No (Tick as appropriate)

Party name **ALLIANCE PARTY OF NORTHERN IRELAND**

Regulated period **5.2.01-6.5.10**

Election(s) **Westminster**

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 **ALLIANCE PARTY OF NORTHERN IRELAND**

Regulated period **5.2.09 - 6.5.10.**

Election(s) **WESTMINSTER**

No. **F1** Date expense incurred **15 04 2010** to **15 04 2010**
dd mm yyyy dd mm yyyy

Category of expense (A-I) **F** Date of claim for payment **16 04 2010**
dd mm yyyy

Date claim paid **19 04 2010** Amount £.pp **176.30**
dd mm yyyy

Supplier (name and address)

Name **PHOTOLINE PHOTOGRAPHIC AGENCY**

Address **41 KANSAS AVENUE**

Town **BELFAST** County Postcode **BT15 5AX**

Invoice/receipt submitted Yes No (Tick as appropriate)

No. **H1** Date expense incurred **27 04 2010**
dd mm yyyy

Category of expense (A-I) **H** Date of claim for payment **17 5 2010**
dd mm yyyy

Date claim paid **19 5 2010** Amount £.pp **390.00**
dd mm yyyy

Supplier (name and address)

Name **PARK AVENUE HOTEL**

Address **158 HOLLYWOOD RD.**

Town **BELFAST** County Postcode **BT4 7PB**

Invoice/receipt submitted Yes No (Tick as appropriate)

Party name **ALLIANCE PARTY OF NORTHERN IRELAND**

Regulated period **5-2-09-6-5-10** Election(s) **WESTMINSTER**

No. **H2** Date expense incurred to to **21** **4** **2010**
dd mm yyyy dd mm yyyy

Category of expense (A-I) **H** Date of claim for payment **28** **4** **2010**
dd mm yyyy

Date claim paid **4** **5** **2010** Amount £.pp **649.55**
dd mm yyyy

Supplier (name and address)

Name **EXCLAIM!**

Address **2 BALLYORAN LANE**

Town **DUNDONALD** County Postcode **BT16 1XS**

Invoice/receipt submitted Yes No (Tick as appropriate)

No. **H3** Date expense incurred **24** **1** **2010**
dd mm yyyy

Category of expense (A-I) **H** Date of claim for payment **24** **1** **2010**
dd mm yyyy

Date claim paid **3** **3** **2010** Amount £.pp **924.20**
dd mm yyyy

Supplier (name and address)

Name **DONADRY HOTEL**

Address **2 ISLANDREAGH DRIVE**

Town **ANTRIM** County Postcode **BT41 2HA**

Invoice/receipt submitted Yes No (Tick as appropriate)

Party name **ALLIANCE PARTY OF NORTHERN IRELAND**

Regulated period **5.2.09 - 6.5.10** Election(s) **WESTMINSTER**

No. **H4** Date expense incurred to **28** **1** **2010**
dd mm yyyy dd mm yyyy

Category of expense (A-I) **H** Date of claim for payment **26** **1** **2010**
dd mm yyyy

Date claim paid **27** **1** **2010** Amount £.pp **1044.05**
dd mm yyyy

Supplier (name and address)

Name **EXCLAIM!**

Address **2 BALLYORAN LANE**

Town **DUNDONALD** County Postcode **BT16 1XJ**

Invoice/receipt submitted Yes No (Tick as appropriate)

No. **H5** Date expense incurred **29** **1** **2010**
dd mm yyyy

Category of expense (A-I) **H** Date of claim for payment **29** **1** **2010**
dd mm yyyy

Date claim paid **10** **2** **2010** Amount £.pp **28.20**
dd mm yyyy

Supplier (name and address)

Name **OMAGH DISTRICT COUNCIL**

Address **MOUNTJOY ROAD**

Town **OMAGH** County Postcode **BT79 7BL**

Invoice/receipt submitted Yes No (Tick as appropriate)

Party name **ALLIANCE PARTY OF NORTHERN IRELAND**

Regulated period **5.2.09 - 6.5.10**

Election(s) **WESTMINSTER**

C2 Notional expenditure - statement of individual items (not previously reported)

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

No. **D2** Period/date expense incurred **- - -** to **16 4 2010**
dd mm yyyy dd mm yyyy

Category of expense (A-I) **D** Amount £.pp **45.00**

Nature of expenditure **MANIFESTO PRINTING & BINDING**

Supplier (name and address)

Name
Address
Town

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

No. **H6** Period/date expense incurred **05 2 2009** to **6 2 2010**
dd mm yyyy dd mm yyyy

Category of expense (A-I) **H** Amount £.pp **299.65**

Nature of expenditure **WEBSITE HOSTING**

Supplier (name and address)

Name
Address
Town

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 (not previously reported)

(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 **ALLIANCE PARTY OF NORTHERN IRELAND**

Relevant period **5.2.09 - 6.5.10**

Election(s) **WESTMINSTER**

Section E: Statement of disputed claims (not previously reported)

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

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 NORTHERN IRELAND.**

Relevant period **5.2.09 - 6.5.10**

Election(s) **WESTMINSTER**

Section F: Declaration of notional expenditure (not previously reported)

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
H6	WEB HOSTING	299.65	[REDACTED]	05 06	02 05	09 10

Signed [REDACTED]

Printed name **GERRIT LYNCH**

Date **22** **7** **2010**
dd mm yyyy

ALLIANCE PARTY OF NORTHERN IRELAND

5 Feb. 2009 - 6 May 2010

Westminster

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:

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