

In the case of any **electoral donation funded from contributions**, set out the following details in respect of each contribution that, either on its own or when aggregated with other contributions made by the same contributor to the donation, exceeds \$1,500 in sum or value:

- the name of the contributor;
- the address of the contributor;
- the total amount of the contributor's contributions made in relation to the donation.

NB: Section 103A Local Electoral Act 2001 defines "contributions" as money or goods or services that have been given to a donor to fund, be applied to, or included in an electoral donation (for example, contributions to trust funds or a fundraising collection).

NAME and ADDRESS of CONTRIBUTOR	DESCRIPTION (include goods or services)*	DONATION	
		Date received	Amount
* set out here the electoral donation this contribution applies to.			Total

PART B: RETURN OF ELECTORAL EXPENSES (inclusive of GST)

I make the following return of all electoral expenses incurred by me:

Set out the following details in respect of every electoral expense incurred by or on behalf of the candidate at the election in respect of any electoral activity:

- the name and description of every person or body of persons to whom any sum was paid;
- the reason that sum was paid.

Sums paid for radio broadcasting, television broadcasting, newspaper advertising, posters, pamphlets etc must be set out separately and under separate headings.

NAME and DESCRIPTION	REASON for EXPENSES	EXPENSES PAID
IGNITE MEDIA	BILL BOARD ADVER.	\$690
CONVERGENCE	COMMUNICATIONS & MARKETING	\$3289
CONVERGENCE	" "	\$3901.38
PAPER PLUS	FLYERS	\$1579.42
CAR SIGN WRITING	A Fx GRAPHICS	\$966
* set out here the electoral donation this contribution applies to.		Total \$10,425.80

Dated at: **TUESDAY** this **19th** day of **October** 2021.

Signature: 

THIS FORM IS REQUIRED TO BE COMPLETED (EVEN IF IT IS A NIL RETURN) AND PROVIDED TO THE ELECTORAL OFFICER, PO BOX 73016, CHRISTCHURCH 8154 OR JO.DALY@CCC.GOV.NZ, BY 8 DECEMBER 2021.

NOTE: PLEASE ATTACH ADDITIONAL SHEETS IF THERE IS INSUFFICIENT SPACE IN ANY SECTION. RECEIPTS ARE **NOT** REQUIRED TO BE RETURNED WITH THIS FORM. PLEASE RETAIN THESE FOR YOUR RECORDS.