

## Claim for quarterly advance payment from the Administration Fund - 2020 third quarter

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| Claimant details          |  |                    |                        |                       |  |
|---------------------------|--|--------------------|------------------------|-----------------------|--|
| National Party of Aus     | stralia-NSW  |                    |                        |                       |  |
| NAME OF REGISTERED PO     |  |                    |                        |                       |  |
| Claim details             |  |                    |                        |                       |  |
|                           |  |                    |                        |                       |  |
| Kathleen Margare          | t Chalmers   | hoi                | ing the agent for the  | ahara namad saa:      |  |
| party claim the amou      | \$ 345,950.00  | 1                  | ing the agent for the  |                       |  |
| a quarterly advance p     | ayment for the third quarter of  | the 2020 calend    | ar year that is for ac | dministrative and o   | red political party as perating expenses |
| as described under se     | ection 84 of the Electoral Funding<br>arty in respect of this quarter. | g Act 2018 and no  | texceeding 50% of      | the quarterly amo     | unt payable to the                       |
| To be eligible for publ   | ic funding payments a party mu   | st provide, and p  | romptly notify the I   | NSW Electoral Con     | amission of changes to                   |
| the list of its senior of | fice holders and a summary of t  | heir roles and res | ponsibilities. By sig  | gning this claim I de | clare that the above                     |
|                           | compliant in this respect.<br>ng information which I know is f         | false or misleadin | a in a material nart   | icularic an offence   |  |
|                           |  | raise of misicaum  | ginamaterialparti      | icular is an orience. |  |
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|                           |  | OFFICE USE O       | NIY                    |                       |  |
|                           |  |                    |                        |                       |  |
| DATE CLAIM RECEIVED       | ANNUAL ELINIDANC ENTITLEMENT   | 1160               |                        |                       |  |
|                           | ANNUAL FUNDING ENTITLEMENT (   | Ψ1<br>             |                        |                       |  |
| DATE APPROVED             | AMOUNT APPROVED FOR PAYMEN   | T (\$)             |                        |                       |  |
|                           |  |                    |                        |                       |  |
| DATE PAYMENT MADE         | ACCOUNT CODE: KBA: 08 BRANCH   | : 60: ACCOUNT NO   |                        |                       |  |