

# Claim for quarterly advance payment from the Administration Fund – 2022 fourth quarter

Please note that claims for payment from the Administration Fund are published on the NSW Electoral Commission's website.

| Claimant details  |   |
|---|---|
| <input type="text"/><br>NAME OF INDEPENDENT ELECTED MEMBER  |   |
| Claim details   |   |
| I, <input type="text"/> being the above named independent elected member claim the amount of \$ <input type="text"/> which represents the amount claimed as a quarterly advance payment for the fourth quarter of the 2022 calendar year that is for administrative and operating expenses as described under section 84 of the <i>Electoral Funding Act 2018</i> and not exceeding 50% of the quarterly amount payable in respect of this quarter.   |   |
| I understand <input type="text"/> is false or misleading in a material particular is an offence.  |   |
| <input type="text"/><br>SIGNATURE   | <input type="text"/> DD / MM / YYYY<br>DATE |
| Privacy   |   |
| <p>The NSW Electoral Commission is committed to protecting the privacy of the personal information it collects, manages and stores. The information collected on this form will be used by the NSW Electoral Commission to undertake its statutory and administrative functions relating to elections, public funding, donations disclosures and lobbying. Not supplying all the information requested may delay or prevent the processing of this form. The form is held by the NSW Electoral Commission and accessible by relevant staff and its contractors. If required or authorised by law, information on this form may be made available for public inspection. It may also be disclosed to other persons or entities if required or authorised by law. We may also use your contact details to send you information or reminders about your responsibilities in relation to elections or lobbying or to invite you to participate in surveys. You can find additional information in the <a href="#">NSW Electoral Commissions Privacy Management Plan</a> concerning access to and correction of your personal information.</p> |   |

| OFFICE USE ONLY                     |                                  |                            |                      |
|-------------------------------------|----------------------------------|----------------------------|----------------------|
| <input type="text"/> 06 / 09 / 2022 | <input type="text"/>             | <input type="text"/> 04144 |                      |
| DATE CLAIM RECEIVED                 | ANNUAL FUNDING ENTITLEMENT (\$)  |                            |                      |
| <input type="text"/> DD / MM / YYYY | <input type="text"/>             |                            |                      |
| DATE APPROVED BY                    | AMOUNT APPROVED FOR PAYMENT (\$) |                            |                      |
| <input type="text"/> DD / MM / YYYY | <input type="text"/>             | <input type="text"/>       | <input type="text"/> |
| DATE PAYMENT MADE                   | ACCOUNT CODE                     | KBA: 08 BRANCH: 60:        | ACCOUNT NO.          |