

## **DISCLOSURE OF GIFTS**

Local Government Act 1995, s.4.59 and Local Government (Elections) Regulations 1997, r.30D, Form 9A

| Details of Person Making Disclosure   |        |        |                               |        |      |            |            |          |         |                    |          |
|---|--------|--------|-------------------------------|--------|------|------------|------------|----------|---------|--------------------|----------|
|   |        |        | Candidate                     |        |      | Donor      | (          | (Tick    | one box | ()                 |          |
| Surname   |        |        |                               |        |      |            |            |          |         |                    |          |
| Other names   |        |        |                               |        |      |            |            |          |         |                    |          |
| Details of Candidate  |        |        |                               |        |      |            |            |          |         |                    |          |
| Surname   |        |        | _                             |        |      | inalaato   |            |          |         |                    |          |
| Other names   |        |        |                               |        |      |            |            |          |         |                    |          |
|   |        |        |                               |        |      |            |            |          |         |                    |          |
| Details of Person Making the Gift (The Donor)   |        |        |                               |        |      |            |            |          |         |                    |          |
| Name  |        |        |                               |        |      |            |            |          |         |                    |          |
| Address   | ,      |        |                               |        |      |            |            |          |         |                    |          |
| (for corresponde  | dence) |        |                               |        |      |            |            | Postcode |         |                    |          |
| Details of Person on Whose Behalf the Gift is Made  |        |        |                               |        |      |            |            |          |         |                    |          |
| (if other than the person making the gift)  |        |        |                               |        |      |            |            |          |         |                    |          |
| Surname   |        |        |                               |        |      |            |            |          |         |                    |          |
| Address   |        |        |                               |        |      |            |            |          |         |                    |          |
| (for corresponde  | nce)   |        |                               |        |      |            |            | Pos      | stcode  |                    |          |
| Details of the Gift   |        |        |                               |        |      |            |            |          |         |                    |          |
| (value of which is \$300 or more, or which is one of two or more gifts with a total value of \$300 or more) |        |        |                               |        |      |            |            |          |         |                    |          |
|   |        |        | received or made / / Value of |        |      |            |            |          |         |                    |          |
| Description of  | f gift |        |                               |        |      |            |            |          |         |                    |          |
|   |        |        |                               |        |      |            |            |          |         |                    |          |
| Candidates only   |        |        |                               |        |      |            |            |          |         |                    |          |
| (if you are unable to provide the information required by this form, set out                                |        |        |                               |        |      |            |            |          |         |                    |          |
| the reasons for not providing it in the space below)  |        |        |                               |        |      |            |            |          |         |                    |          |
|   |        |        |                               |        |      |            |            |          |         |                    |          |
|   |        |        |                               |        |      |            |            |          |         |                    |          |
| Por   | son N  | /lakir | na Disclosuro                 | ta Cam | nlot | o and Sign | the Declar | ratio    | n Rolo  | <b>\ \ \ \ \ \</b> |          |
| Person Making Disclosure to Complete and Sign the Declaration Below  I, , declare that all informati        |        |        |                               |        |      |            |            |          |         |                    | ormation |
| and details provided are true and correct, and no known, relevant information is omitted.                   |        |        |                               |        |      |            |            |          |         |                    |          |
|   |        |        |                               |        |      |            |            |          |         |                    |          |
| Signature   |        |        |                               |        |      |            | Date       |          | /       |                    | /        |