

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

NAME and ADDRESS of CONTRIBUTOR

DESCRIPTION (Include goods or services)*

DONATION CONTRIBUTION

Date received _____

Amount

* set out here the electoral donation this contribution applies to.

Total

0.00

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

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

[illegible]

Total

0-000

this

19th

day of

December

2025.

Signature Phyllis

THIS FORM IS REQUIRED TO BE COMPLETED (EVEN IF IT IS A NIL RETURN) AND PROVIDED TO THE ELECTORAL OFFICE,
PO BOX 5135, VICTORIA STREET WEST, AUCKLAND 1142 (or info@electionservices.co.nz), BY 11 DECEMBER 2025.