

Please turn over and read the guidance before completing this form

Party name

NEW ZEALAND NATIONAL PARTY

Donor details

Provide the residential address for an individual

Name

CHERYL ADAMS

Address

188 STATE HIGHWAY 2
BETHLEHEM, TAURANGA - 3110

Provide the street address of the principal place of business or headquarters for an incorporated or unincorporated body

Total donation and date received

For aggregated donations give the date the last donation was received

Total amount

\$ 29,000.00

Date received

28 AUGUST, 2023

Detail of aggregated donations

Complete this section if you need to report multiple donations from the same donor

List each donation and the date it was received

Continue on a separate sheet if needed

| Amount | Date received | Amount | Date received |
|--------|---------------|--------|---------------|
| \$ | | \$ | |
| \$ | | \$ | |
| \$ | | \$ | |
| \$ | | \$ | |

Contributions

Complete this section if the donation includes a contribution over \$20,000

Contributor's name

Contributor's address

Amount of contribution

\$

Declaration

Once completed, the return must be filed with the Electoral Commission within 10 working days of receipt of a donation (or aggregated donation) exceeding \$20,000

I declare that to the best of my knowledge this return contains all the information required pursuant to section 210C of the Electoral Act 1993, is an accurate record and is not false in any material particular.

Name

Jo de Soup

Signature



Date

28/8/2023