

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

DIANE TOWNSEND

Address

4938 STATE HIGHWAY 2,
RD 1, NGATEA 3597,
NEW ZEALAND

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

\$ 20,150.00

Date received

31 JULY, 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
\$ 150.00	4 JULY 2023	\$	
\$ 20,000.00	31 JULY 2023	\$	
\$		\$	
\$		\$	

Contributions

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

Contributor's name

Contributor's address

Amount of contribution

\$

Declaration

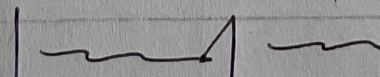
Once completed, the return must be filed with the Electoral Commission within 10 working days of receipt of a donation (or aggregated donation) exceeding \$20,000

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 Jary

Signature



Date

3/8/23