

# SPECIFIED FUNDRAISING FUNCTION

POLITICAL ENTITY	EVENT DATE (YYYY/MM/DD)	EVENT TIME (HH:MM)
EVENT DESCRIPTION	LOCATION NAME (OR ADDRESS* IF HELD AT PRIVATE RESIDENCE)	
<b>TICK IF EVENT HELD AT PRIVATE RESIDENCE</b> <input type="checkbox"/>	NAME OF RESIDENT* (IF HELD AT PRIVATE RESIDENCE)	

\*Will be obscured from public inspection.

**PART A**

THIS PART MUST BE SUBMITTED AT  
LEAST 7 DAYS BEFORE THE EVENT

TICKET PRICE(S)	\$
\$	\$

Names of the political party leader, parliamentary secretaries or members of the Executive Council scheduled to attend:


Add more forms if needed.

SUBMITTED BY	
EMAIL	PHONE
SIGNATURE	DATE (YYYY/MM/DD)

**PART B**

THIS PART MUST BE SUBMITTED WITHIN  
60 DAYS AFTER THE EVENT

# OF TICKETS SOLD	
CONTRIBUTIONS RAISED	\$

Tick if the political party leader, parliamentary secretary or member of the Executive Council attended the event:

ATTENDED EVENT? <input type="checkbox"/>
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SUBMITTED BY	
EMAIL	PHONE
SIGNATURE	DATE (YYYY/MM/DD)