



Political Party and Branch Annual Return

2005-06

(Insert Financial Year)

Please refer to the *Disclosure Handbook for Political Parties* at www.ntec.nt.gov.au when completing this return.

Party Details

Name of Party

~~AUSTRALIAN GREENS~~ " N.T. GREENS "

Postal Address

PO Box 331
Nightcliff NT 0814

Telephone Number (BH)

Facsimile Number

E-mail Address

8985 1886

Agent Details

Name

DAVID C. POLLOCK

Postal Address

PO Box 93
Batchelor NT 0845

Telephone Number (BH)

Facsimile Number

E-mail Address

(08) 8976 0137

I certify that the information in this return and its attachments is true and complete.

Agent's Signature *David Pollock* Date 29/10/06

The due date for lodging this return is 16 weeks after the end of the financial year

Address enquiries and returns to:

Northern Territory Electoral Commission GPO Box 2419 Darwin NT 0801 Phone: 08 8999 5853, Fax: 08 8999 5845 E-mail: mail.ntec@nt.gov.au	<p style="text-align: center;"><i>Office use only</i></p> Date received Registration no
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Political Party Annual Return

1. Total Receipts

Total Party Receipts for the Financial Year	\$ 11,487.19
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The gross amount of all cash, and non-cash 'gifts-in-kind', received by or on behalf of the party or branch and its party units during the year. Receipts include donations, membership, loans and returns on investments.

2. Receipts of \$1500 or more

Details of people and organisations from whom receipts (including loans) of \$1500 or more were received during the year. In the case of loans, other than those from a financial institution, details of the terms and conditions of the loan should be provided as an attachment. Additional details of officeholders (as referred to in the *Handbook*) are required for receipts from trusts, foundations and unincorporated associations. Clarifying information (e.g. identification of donations) may be added under 'Details'.

Name	Address	Amount received	Details
Australian Greens	PO Box 1108, Canberra ACT 2601	2183.39	reimbursement for travel costs to National Greens Conference and Council meetings. (Travel costs are shared between states.)

Donations to Political Parties
Donor Annual Return for.....2005/06.....
 (Insert Financial Year)

Refer to the *Funding and Disclosure Handbook for Donors* at www.ntec.nt.gov.au when completing this return.

Donor Details

Name of Person or Organisation

NT GREENS

Postal Address

PO Box 331
 NIGHTCLIFF NT 0814

Details of person completing return

Name (write 'as above' if completing your own return)

JULIA SCHULT

Capacity/Position (e.g. company secretary, chief finance officer)

TREASURER

Postal Address

AS ABOVE


Telephone number (BH)

Facsimile number

E-mail address

08 8940851

I certify that the information in this return and its attachments is true and complete.

Signature 	Date 28/11/06
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NOTE: The deadline for lodging this return is 20 weeks after the end of the financial year.

Address enquiries and returns to:

Northern Territory Electoral Commission GPO Box 2419 DARWIN NT 0801 Telephone: 08 8999 5853 Facsimile: 08 8999 5845 E-mail: mail.ntec@nt.gov.au	<i>Office use only</i>
	Date received Registration No

PART 1. Donations Made to Political Parties - details of each registered political party to whom donations totalling \$1500 or more were made between 1 July and 30 June:

- Donations include the supply of goods and/or services for no charge, or below commercial value (i.e. gifts-in-kind as discussed in the *Handbook*).
- A donation to any person or body with the intention of benefiting a political party is treated as a donation made to that party.

Name of political party	Address	Date of donation	Value of donation

NIL

PART 2 Donations Received - details of persons or organisations from whom donations of \$1000 or more were received and used, in whole or in part, to make the donations listed in *Part 1* above. Details as referred to in the *Handbook* of trusts, foundations and unincorporated associations, and their officeholders, should be provided.

Name of donor and officeholders	Address	Date of donation	Value of donation

NIL

Please attach additional sheets if space above is insufficient.

Please provide an estimate of the time taken to complete this form ___ hrs 5 mins 37.