



INDEPENDENT NATIONAL ELECTORAL COMMISSION

Plot 436, Zambezi Crescent
PMB 0184, Maitama - Abuja

POLITICAL PARTY ANNUAL FINANCE REPORTING FORM



NAME OF POLITICAL PARTY _____

REPORTING PERIOD: FROM _____ TO _____

INDEPENDENT NATIONAL
ELECTORAL COMMISSION





Form 1, Summary of Receipts and Payments

A. Political Party

1	Name of Political Party	
2	Abbreviation	
3	Address	
4	Telephone	
5	Fax	
6	Email	

B. Type of report (mark which)

7	Annual report		
	General election	Contributions	
	General election	Expenses	
	By-election	Contributions	
	by-election	Expenses	
8	Report period	From	To

C. Summary (not for election contributions report)

9	Cash in hand at start of period	
10	Total receipts (from "18" below- donations, contributions, levies, loans, fund-raising, interest etc. for election expenses reports, use the total receipts listed in the elections contributions report for the same reporting period)	
11	Subtotal (add "9" and "10")	
12	Total expenditures (from "25" below - operating campaign & promotional expenditures purchase of assets, loan repayments, refunds of contributions etc.)	
13	Cash in hand at close of reporting period (subtract "12" from "11")	

D. Detailed receipts (not for election expense report)

14	Type of contribution:	
14a	Individuals (person)	
14b	Interest groups	
14c	Candidate	
15	Loans	
16	Offsets of operating expenditures (refunds, rebates, returns on deposits etc)	
17	Other receipts (collections / proceeds from the sale of tickets at dinner luncheon, rally or other fund-raising events, sale of campaign, pins, buttons, badges, flags, emblems, hats, banners etc.)	
18	Total receipts (the sum of items "14" to "17")	



E. Detailed expenses (not for election contribution report)

19	Party staff cost	
20	Office cost (rent, service or utility charge, maintenance, stationary, postage etc)	
21	Transportation and communication	
22	Campaign expenses	
23	Legal and audit fees	
24	Other expenses	
25	Total expenses (the sum of items "19" to "20")	

F. Details of bank account

Name of Bank	account type and Number	Signatories

Financial Secretary (print name)

Chairman (print name)

Signature & Date

Signature & Date

I certify that I have examined this Report and to the best of my knowledge and belief the contents are true and correct.

Accountant (Name)

Signature & Date

Auditor (Name)

Signature & Date



Details on Receipt

A	Name of Political Party				
B	Report period	From		To	

Amount received during the reporting period

No.	Type	January	February	March	April	May	June	July	August	September	October	November	December	Total
1	Donations													
2	Investment/ interest income													
3	Fees													
4	Fines													
5	Special fundraising													
6	Sale of party paraphernalia													
7	Others (Specify)													
	Total													

Prepared by

Approved by

I certify that I have examined this Report and to the best of my knowledge and belief the contents are true and correct.

Financial Secretary (print name)

Chairman (print name)

Accountant (Name)

Signature & Date

Signature & Date

Signature & Date

Audited by (name)

Signature & Date



Details on Expenses/payables

A	Name of Political Party				
B	Report period	From		To	

Amount Expended during the reporting period

No.	Type	January	February	March	April	May	June	July	August	September	October	November	December	Total
1	Party Staff Cost													
2	Office Cost													
3	Transportation & Communication													
4	Campaign Expenses													
5	Legal & audit Fees													
6	Others (Specify)													
	Total													

Prepared by

Approved by

I certify that I have examined this Report and to the best of my knowledge and belief the contents are true and correct.

Financial Secretary (print name)

Chairman (print name)

Accountant (Name)

Signature & Date

Signature & Date

Signature & Date

Audited by (name)

Signature & Date



Details on Receipts

A	Name of Political Party				
B	Report period	From		To	

Note: Include all Monetary and tangible non-monetary contributions and donations. Use as many pages as are needed; remember to number each page

Name	Address	Occupation	Type of Contributor (cash/in kind)	Description of Contribution	Value	Total

Prepared by

Approved by

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Financial Secretary (print name)

Chairman (print name)

Accountant (Name)

Signature & Date

Signature & Date

Signature & Date

Audited by (name)

Signature & Date

