

**KENT COUNTY COUNCIL**

**DECLARATION OF RELATED PARTY TRANSACTIONS 2014/15**

Name Ann Allen

Please complete either **A** or **B**

**A No transactions to declare**

I have read the advice on the declaration of related party transactions and confirm that I am not aware of any such transactions for the financial year 2014/15.

Your signature 

Date 21/5/15

**B Transactions to declare**

I am aware of the following transactions during financial year 2014/15 that fall within the definition of a related party transaction as set out in the advice on declaring such transactions.

State if the transaction with the County Council or another organisation in which the Authority has an interest	State if the transaction was with you, a relative or an organisation with which you or the relative are involved	Describe the nature of transaction or type of remuneration	Date	Value £
<del>NEW AGE CONCERN</del>	ORGANISATION	SLA.		
DAITFORD HEALTHY LIVING CENTRE	ORGANISATION.	SLA		

Your signature 

Date 21/5/15