

Controlled expenditure return by a recognised third party

Important: the accompanying explanatory notes should be read before completing this form.

A1 Details of recognised third party

Name

Regulated period Election(s)

Reference number

A2 Declaration and signature

I declare that I have examined the information in this return and that, to the best of my knowledge and belief, it is a complete and correct return as required by law, and that all expenses shown in it as paid have been paid by me or by a person authorised under section 90 of the Political Parties, Elections and Referendums Act 2000.

Signed Date
dd mm yyyy

Printed name Responsible person

Please return **all** sections of this return, drawing a bold line through any sections in which there is nothing to report.

A3 Audited return

Return audited: Yes No (tick one)

If applicable:

Name of auditor	<input type="text"/>
Address	<input type="text"/>
Town	<input type="text"/>
County	<input type="text"/>
Postcode	<input type="text"/>

Name Election Date

Section B: Summary of expenditure

B1 Summary of expenditure incurred

	England £	Scotland £	Wales £	Northern Ireland £	Total £
Total amount of controlled expenditure incurred during the regulated period before becoming a recognised third party*	0	0	0	/	0
Total of payments made	30,656.27	1722.26	2066.72	/	34,445.25
Total of notional expenditure incurred	0	0	0	/	0
Total of unpaid claims	0	0	0	/	0
Total of disputed claims	0	0	0	/	0
Total	30656.27	1722.26	2066.72		35,445.25

*Note: you do not have to provide further details about this expenditure.

B2 Donation return (TP4 (ii)) attached?

(tick as appropriate)

Yes No

Section C: Payments made

C1 Statement of actual payments

Number of entries made in this section

20

Item number

Amount (£.pp)

Dates

Expense incurred

Claim for payment

Supplier

Claim paid

dd mm yyyy

Name

Address

Town

County

Postcode

Part(s) of United Kingdom to which expenditure relates

England

Scotland

Wales

Northern Ireland

Invoice/receipt submitted

Yes

No

(tick as appropriate)

PLEASE NOTE INVOICE EXCEEDS AMOUNT OUTLINED. ABOVE SPECIFIES REQUIRED FUNDS.

Name Election Date

Item number

Amount (£.pp)

Expense incurred

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Claim for payment

--	--	--

Claim paid

dd	mm	yyyy

Supplier Name

Address

Town County Postcode

Part(s) of United Kingdom to which expenditure relates

England Scotland Wales Northern Ireland

Invoice/receipt submitted Yes No (tick as appropriate)

Item number

Amount (£.pp)

Expense incurred

--	--	--

Claim for payment

--	--	--

Claim paid

dd	mm	yyyy

Supplier Name

Address

Town County Postcode

Part(s) of United Kingdom to which expenditure relates

England Scotland Wales Northern Ireland

Invoice/receipt submitted Yes No (tick as appropriate)

Name Election Date

Item number

Amount (£.pp)

Supplier
Name

Address

Town County Postcode

Part(s) of United Kingdom to which expenditure relates
England Scotland Wales Northern Ireland

Invoice/receipt submitted Yes No (tick as appropriate)

Dates
Expense incurred
Claim for payment
Claim paid
dd mm yyyy

Item number

Amount (£.pp)

Supplier
Name

Address

Town County Postcode

Part(s) of United Kingdom to which expenditure relates
England Scotland Wales Northern Ireland

Invoice/receipt submitted Yes No (tick as appropriate)

Dates
Expense incurred
Claim for payment
Claim paid
dd mm yyyy

C2 Statement of notional expenditure

Number of entries made in this section

Item number

Nature of expenditure

Value (£.pp)

Period/date expense incurred

to
dd mm yyyy dd mm yyyy

Supplier

Name

Address

Town

County

Postcode

Part(s) of United Kingdom to which expenditure relates

England

Scotland

Wales

Northern Ireland

Declaration submitted if over £200*

Yes

No

(tick as appropriate)

*A declaration signed by the responsible person must be provided in respect of the amount of each item with a value exceeding £200

Item number

Nature of expenditure

Value (£.pp)

Period/date expense incurred

to
dd mm yyyy dd mm yyyy

Supplier

Name

Address

Town

County

Postcode

Part(s) of United Kingdom to which expenditure relates

England

Scotland

Wales

Northern Ireland

Declaration submitted if over £200*

Yes

No

(tick as appropriate)

*A declaration signed by the Responsible Person must be provided in respect of the amount of each item with a value exceeding £200

Item number Nature of expenditure
Value (£.pp)

Period/date expense incurred to
dd mm yyyy dd mm yyyy

Supplier
Name

Address

Town County Postcode

Part(s) of United Kingdom to which expenditure relates
England Scotland Wales Northern Ireland

Declaration submitted if over £200* Yes No (tick as appropriate)

*A declaration signed by the Responsible Person must be provided in respect of the amount of each item with a value exceeding £200

Item number Nature of expenditure
Value (£.pp)

Period/date expense incurred to
dd mm yyyy dd mm yyyy

Supplier
Name

Address

Town County Postcode

Part(s) of United Kingdom to which expenditure relates
England Scotland Wales Northern Ireland

Declaration submitted if over £200* Yes No (tick as appropriate)

*A declaration signed by the Responsible Person must be provided in respect of the amount of each item with a value exceeding £200

Name Election Date

Section D: Statement of unpaid claims
(where an application has, or is about to be, made to a court under S.92(4) of the PPERA 2000)

Number of entries made in this section

Item number

Amount of unpaid claim

Supplier Name

Address

Part(s) of United Kingdom to which expenditure relates

Town County Postcode

England Scotland Wales Northern Ireland

Comments

Expense incurred

Invoice

dd mm yyyy

Item number

Amount of unpaid claim

Supplier Name

Address

Part(s) of United Kingdom to which expenditure relates

Town County Postcode

England Scotland Wales Northern Ireland

Comments

Expense incurred

Invoice

dd mm yyyy

Name Election Date

Section E: Statement of disputed claims

Number of entries made in this section

Item number

Amount of disputed claim

Supplier

Name

Address

Town County Postcode

Part(s) of United Kingdom to which expenditure relates

England Scotland Wales Northern Ireland

Comments

Item number

Amount of disputed claim

Supplier

Name

Address

Town County Postcode

Part(s) of United Kingdom to which expenditure relates

England Scotland Wales Northern Ireland

Comments

For Electoral Commission use only

Date of receipt	<input type="text"/> dd	<input type="text"/> mm	<input type="text"/> yyyy	Checked by	<input type="text"/>
Date entered in database	<input type="text"/> dd	<input type="text"/> mm	<input type="text"/> yyyy	Checked by	<input type="text"/>
Date entered in website	<input type="text"/> dd	<input type="text"/> mm	<input type="text"/> yyyy	File reference	<input type="text"/> <input type="text"/>

Please return the form to:

Party and Election Finance
The Electoral Commission
Trevelyan House
30 Great Peter Street
London SW1P 2HW

Tel: 020 7271 0616

Fax: 020 7271 0505

E-mail: pef@electoralcommission.org.uk

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