

# 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

Address

Town  County  Postcode

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*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total of payments made	865.80	288.80	144.45	144.45	1443.50
Total of notional expenditure incurred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total of unpaid claims	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total of disputed claims	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total</b>	<b>865.80</b>	<b>288.80</b>	<b>144.45</b>	<b>144.45</b>	<b>1443.50</b>

\*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

Item number

Amount (£,pp)

Supplier Name

Address

Town  County  Postcode

Expense incurred

Claim for payment

Claim paid     
dd mm yyyy

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)

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

Name  Election  Date

Item number

Dates

Amount (£.pp)

Expense incurred

Supplier

Claim for payment

Name

Claim paid     
dd mm yyyy

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

Dates

Amount (£.pp)

Expense incurred

Supplier

Claim for payment

Name

Claim paid     
dd mm yyyy

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)

**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

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

Name  Election  Date

**Section E: Statement of disputed claims**

Number of entries made in this section

Item number  Dates  
Amount of disputed claim  Disputed claim     
Supplier Invoice     
dd mm yyyy

Name

Address

Town  County  Postcode

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

Comments

Item number  Dates  
Amount of disputed claim  Disputed claim     
Supplier Invoice     
dd mm yyyy

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"/>	<input type="text"/>	<input type="text"/>
dd	mm	yyyy

Checked by

Date entered in  
database

<input type="text"/>	<input type="text"/>	<input type="text"/>
dd	mm	yyyy

Checked by

Date entered  
in website

<input type="text"/>	<input type="text"/>	<input type="text"/>
dd	mm	yyyy

File  
reference

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](mailto:pef@electoralcommission.org.uk)

Website: [www.electoralcommission.org.uk](http://www.electoralcommission.org.uk)