

# 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" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text"/>
Total of payments made	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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"/>
Total	<input type="text"/>	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text"/>

\*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

Dates

Amount (£.pp)

Expense incurred

Claim for payment

Supplier

Claim paid

Name

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)

Name  Election  Date

Item number	<input type="text"/>	Dates			
Amount (£.pp)	<input type="text"/>	Expense incurred	<input type="text"/>	<input type="text"/>	
Supplier		Claim for payment	<input type="text"/>	<input type="text"/>	
Name	<input type="text"/>	Claim paid	<input type="text"/>	<input type="text"/>	
Address	<input type="text"/>				
	<input type="text"/>				
Town	<input type="text"/>	County	<input type="text"/>	Postcode	<input type="text"/>
Part(s) of United Kingdom to which expenditure relates					
England	<input type="text"/>	Scotland	<input type="text"/>	Wales	<input type="text"/>
				Northern Ireland	<input type="text"/>
Invoice/receipt submitted	Yes	<input type="text"/>	No	<input type="text"/>	(tick as appropriate)

Item number	<input type="text"/>	Dates			
Amount (£.pp)	<input type="text"/>	Expense incurred	<input type="text"/>	<input type="text"/>	
Supplier		Claim for payment	<input type="text"/>	<input type="text"/>	
Name	<input type="text"/>	Claim paid	<input type="text"/>	<input type="text"/>	
Address	<input type="text"/>				
	<input type="text"/>				
Town	<input type="text"/>	County	<input type="text"/>	Postcode	<input type="text"/>
Part(s) of United Kingdom to which expenditure relates					
England	<input type="text"/>	Scotland	<input type="text"/>	Wales	<input type="text"/>
				Northern Ireland	<input type="text"/>
Invoice/receipt submitted	Yes	<input type="text"/>	No	<input type="text"/>	(tick as appropriate)

Name  Election  Date

Item number	<input type="text"/>	Dates			
Amount (£.pp)	<input type="text"/>	Expense incurred	<input type="text"/>	<input type="text"/>	
Supplier		Claim for payment	<input type="text"/>	<input type="text"/>	
Name	<input type="text"/>	Claim paid	<input type="text"/>	<input type="text"/>	
Address	<input type="text"/>				
	<input type="text"/>				
Town	<input type="text"/>	County	<input type="text"/>	Postcode	<input type="text"/>
Part(s) of United Kingdom to which expenditure relates					
England	<input type="text"/>	Scotland	<input type="text"/>	Wales	<input type="text"/>
				Northern Ireland	<input type="text"/>
Invoice/receipt submitted	Yes	<input type="text"/>	No	<input type="text"/>	(tick as appropriate)

Item number	<input type="text"/>	Dates			
Amount (£.pp)	<input type="text"/>	Expense incurred	<input type="text"/>	<input type="text"/>	
Supplier		Claim for payment	<input type="text"/>	<input type="text"/>	
Name	<input type="text"/>	Claim paid	<input type="text"/>	<input type="text"/>	
Address	<input type="text"/>				
	<input type="text"/>				
Town	<input type="text"/>	County	<input type="text"/>	Postcode	<input type="text"/>
Part(s) of United Kingdom to which expenditure relates					
England	<input type="text"/>	Scotland	<input type="text"/>	Wales	<input type="text"/>
				Northern Ireland	<input type="text"/>
Invoice/receipt submitted	Yes	<input type="text"/>	No	<input type="text"/>	(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

Dates

Amount of unpaid claim

Expense incurred

Supplier

Invoice     
dd mm yyyy

Name

Address

Part(s) of United Kingdom to which expenditure relates

Town

County

Postcode

England

Scotland

Wales

Northern Ireland

Comments

Item number

Dates

Amount of unpaid claim

Expense incurred

Supplier

Invoice     
dd mm yyyy

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

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

Dates  
Disputed claim     
Invoice     
dd mm yyyy



For Electoral Commission use only

Date of receipt     
dd mm yyyy

Checked by

Date entered in database     
dd mm yyyy

Checked by

Date entered in website     
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)