

Controlled expenditure return by a recognised third party – combined limits

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" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Total of payments made	<input type="text" value="132,822.87"/>	<input type="text"/>	<input type="text" value="14,306.91"/>	<input type="text"/>	<input type="text" value="147,129.78"/>
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" value="132,822.87"/>	<input type="text"/>	<input type="text" value="14,306.91"/>	<input type="text"/>	<input type="text" value="147,129.78"/>

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

B2 Donation return (TP4 (ii)) attached?

(tick as appropriate) Yes No

B3 Summary of expenditure reported in a previous return

(to the nearest £)	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" value="25,194"/>	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="25,194"/>
Total of payments made	<input type="text" value="25,194"/>	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="25,194"/>
Total of notional expenditure incurred	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Total of unpaid claims	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Total of disputed claims	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Total	<input type="text" value="25,194"/>	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="25,194"/>

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

Name

Election

Date

Section B (cont): Summary of expenditure

B4 Confirmation of submission of invoices/receipts in a previous return

All invoices/receipts required in support of relevant expenditure included in B3 above have been submitted with a previous return in respect of:

which was held on (please indicate previous election(s):

Yes/No please delete as applicable

Yes No

Section C: Payments made (not previously reported)

C1 Statement of actual payments

Number of entries made in this section

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	<input type="text" value="01"/>	<input type="text" value="08"/>	<input type="text" value="09"/>
Claim for payment	<input type="text" value="01"/>	<input type="text" value="08"/>	<input type="text" value="09"/>
Claim paid	<input type="text" value="05"/> <small>dd</small>	<input type="text" value="08"/> <small>mm</small>	<input type="text" value="09"/> <small>yyyy</small>

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

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
Address dd mm yyyy

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
Address dd mm yyyy

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

C2 Statement of notional expenditure (not previously reported)

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

Name Election Date

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 (not previously reported)
(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 (not previously reported)

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

Dates
Disputed claim
Invoice
dd mm yyyy

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

Website: www.electoralcommission.org.uk