

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

VOTE-OK

Regulated period

5 FEB 09 - 6 MAY 2010

Election(s)

GENERAL MAY 2010

Reference number

[Redacted]

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

[Redacted Signature]

Date

02 08 2010
dd mm yyyy

Printed name

CHARLES JAMES MANN

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

[Redacted]

Address

[Redacted]

Town

[Redacted]

County

[Redacted]

Postcode

[Redacted]

Name NOTE - OK

Election GENERAL MAY 10

Date 02-08-10

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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total of payments made	<u>17,712-87</u>	<input type="checkbox"/>	<u>932-26</u>	<input type="checkbox"/>	<u>18,645-13</u>
Total of notional expenditure incurred	<u>475-</u>	<input type="checkbox"/>	<u>25-</u>	<input type="checkbox"/>	<u>500-</u>
Total of unpaid claims	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total of disputed claims	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total	<u>18,187-87</u>	<input type="checkbox"/>	<u>957-26</u>	<input type="checkbox"/>	<u>19,145-13</u>

*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 7

Item number DVD 1 Dates OCT/NOV 08

Amount (£,pp) £12,437-70 Expense incurred NOV/DEC 08

Supplier EQUESTRIAN VISION Claim for payment NOV/DEC 08

Name EQUESTRIAN VISION Claim paid NOV/DEC 08
dd mm yyyy

Address PALMERSTON HOUSE, THE STREET COWFELD, HORSHAM, W SUSSEX

Town County Postcode RH13 8BP

Part(s) of United Kingdom to which expenditure relates
England 11,815-81 Scotland Wales 621-89 Northern Ireland

Invoice/receipt submitted Yes No (tick as appropriate)

Name Election Date

Item number

Amount (£.pp)

Supplier

Name

Address

Town

Part(s) of United Kingdom to which expenditure relates

England Scotland Wales Northern Ireland

Invoice/receipt submitted Yes No (tick as appropriate)

Expense incurred

Aug/	SEPT	08
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Claim for payment

15	12	08
----	----	----

Claim paid

20	01	09
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)

Expense incurred

JAN/MAR/OCT	09
-------------	----

Claim for payment

JAN/MAR/OCT	09
-------------	----

Claim paid

FEB/APRIL/NOV	09	
dd	mm	yyyy

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)

Expense incurred

	FEB		2010
--	-----	--	------

Claim for payment

	25	02	2010
--	----	----	------

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)

Expense incurred

		MAR	09
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Claim for payment

	31	03	09
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Claim paid

	16	4	09
dd	mm	yyyy	

Name VOTE-OK Election GENERAL MAY 2010 Date 02-08-10

Item number DVD 3 Dates

Amount (£.pp) £180 — Expense incurred DEC APRIL 08/09

Supplier Name Post OFFICE for Stamps. Claim for payment

Claim paid dd mm yyyy

Address

Town County Postcode

Part(s) of United Kingdom to which expenditure relates
England 171 Scotland Wales 9 Northern Ireland

Invoice/receipt submitted Yes No (tick as appropriate)

Item number DVD 4 Dates

Amount (£.pp) 75 — Expense incurred DEC APRIL 08/09

Supplier Name SHILLBROOK STATIONERS Claim for payment

Claim paid dd mm yyyy

Address CARTERTON (for Jiffy Bag Envelopes)

Town CARTERTON County OXON Postcode OX18 3AG

Part(s) of United Kingdom to which expenditure relates
England 71-25 Scotland Wales 3-75 Northern Ireland

Invoice/receipt submitted Yes No (tick as appropriate)

Name

Election GENERAL MAY 2010

Date 02-08-10

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

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)

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

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