

Request for Amendment -Significant Third Party Disclosure Return

FINANCIAL YEAR 2022-23

Completing the Return:

•	This request for amendment should be used to amend a 2022-23 Significant Third Party Disclosure Return
	lodged with the AEC.

- This request for amendment is to be completed with reference to the <u>Financial Disclosure Guide for Significant</u> <u>Third Parties</u>.
- Requests for amendment to a 2022-23 return will be available for public inspection from 1 February 2024 at <u>www.aec.gov.au</u>.
- Any supporting documentation included with this request for amendment may be treated as part of a public disclosure and displayed on the AEC website.
- The information on this request for amendment is collected under s 319A of the *Commonwealth Electoral Act* 1918 (Electoral Act).

Name of significant third party					
	Yes	No 🗍		her Requests for	
to the return? Financial controller details			Amenament r	nave been lodged?	
Name of financial controller					
Postal address of significant third party					
	Suburb/town			State	Postcode
Telephone number	()			Fax number ()	
Email address					

Financial controller request and certification

I request the Electoral Commission amend the Significant Third Party Disclosure Return as detailed in this request for amendment.

I certify that the information contained in this request for amendment and its attachments is true and complete to the best of my knowledge, information and belief. I have made due and reasonable inquiries of the organisation on whose behalf I am authorised to complete this form.

I understand that submitting a false or misleading return is an offence under Division 137.1 of the Criminal Code Act 1995.

Financial controller's signature



Enquiries and returns should be addressed to:

Funding and Disclosure Australian Electoral Commission Locked Bag 4007 Canberra ACT 2601 Phone: 02 6271 4552 Email: fad@aec.gov.au

Date

Office use only Date received

How to complete this form:

- If you are amending an existing entry, complete the 'Original Entry' item as it appeared on the original return and then write the amendment in full at the 'Amended Entry' item.
- If adding a completely new entry, write N/A in the 'Original Entry' item and complete the 'Amended Entry' item in full.
- Amounts should be reported on a GST inclusive basis.

Part 1a: Other business names

No change to previous information OR

Provide details of changes or amendments to the information previously provided.

Original Entry	Trading name
Amended Entry	Trading name

Part 1b: Related bodies corporate

No change to previous information OR

Provide details of changes or amendments to the information previously provided.

Original Entry	Name		
	Postal address		
	Suburb/town	State	Postcode
Amended Entry	Name		
	Postal address		
	Suburb/town	State	Postcode

Part 1c: Unions

No change to previous information	OR
INO CHANGE TO PLEVIOUS INIONNATION	

Provide details of changes or amendments to the information previously provided.

Original Entry	Name		
	Postal address		
	Suburb/town	State	Postcode
Amended Entry	Name		
	Postal address		
	Suburb/town	State	Postcode

If insufficient space, please attach additional sheets.

Part 2a: Total receipts for financial year 1 July 2022 to 30 June 2023

No ch	ange to previous information OR Previous total receipts	Amende	d total receipts	\$
Part 2b:	Amount calculated to be value of gifts-in-kine	b		
No ch	ange to previous information 🔲 OR			
	Previous gifts-in-kind \$00	Amend	ed gifts-in-kind	\$.00
Part 3: A	Amounts of more than \$15,200 received in fina	ncial year 1 July	/ 2022 to 30 Ju	ne 2023
No ch	ange to previous information 🔲 OR			
Provi	de details of changes or amendments to the inform	nation previously	provided.	
	Received from		Amount received (GST inclusive)	Donation or Other Receipt*
Original	Name		\$.00)
Entry	Postal address			
	Suburb/Town State	Postcode		
Amended	Name		\$00	
Entry	Postal address			
	Suburb/Town State	Postcode		
Original	Name		\$.00	
Entry	Postal address			
	Suburb/Town State	Postcode		
Amended	Name		\$00	
Entry	Postal address		,	
	Suburb/Town State	Postcode		
Original	Name		\$.00	
Entry	Postal address		ł.	
	Suburb/Town State	Postcode		
Amended	Name		\$.00	
Entry	Postal address		/	
	Suburb/Town State	Postcode		

If insufficient space, please attach additional sheets.

* Please indicate whether this was a 'donation' or an 'other receipt'. The AEC contacts donors to ensure they are aware of their disclosure obligations and unnecessary contact with other persons is avoided if the nature of the receipt is shown.

Part 4: Total payments for financial year 1 July 2022 to 30 June 2023

No change to previous information **OR**

Previous total payments \$

		/
Part 5: Total debts as at 30 June	2023	
No change to previous information		
Previous total debts	\$,00

Amended total payments \$

.00

Amended total debts \$

.00

Part 6: Debts of more than \$15,200 as at 30 June 2023

No change to previous information OR

Provide details of changes or amendments to the information previously provided.

.00

		Creditor details				nt owed nclusive)	Financial or Non-financial institution
Original	Name				\$.00	
Entry	Street/postal						
	Suburb/Town		State	Postcode			
Amended	Name				\$.00	
Entry	Street/postal						
	Suburb/Town		State	Postcode			
Original	Name				\$.00	
Entry	Street/postal						
	Suburb/Town		State	Postcode			
Amended	Name				\$.00	
Entry	Street/postal						
	Suburb/Town		State	Postcode			
Original	Name				\$.00	
Entry	Street/postal						
	Suburb/Town		State	Postcode			
Amended	Name				\$.00	
Entry	Street/postal						
	Suburb/Town		State	Postcode			
Original	Name				\$.00	
Entry	Street/postal						
	Suburb/Town		State	Postcode			
Amended	Name				\$.00	
Entry	Street/postal						
	Suburb/Town		State	Postcode			
					_		

If insufficient space, please attach additional sheets.

Part 7: Electoral expenditure for financial year 1 July 2022 to 30 June 2023

No change to previous information OR

Previous electoral expenditure \$

.00

Amended electoral expenditure \$

.00

Part 8: Discretionary benefits

No change to previous information

OR

Provide details of changes or amendments to the information previously provided.

	Received from	Date of discretionary benefit	Value of discretionary benefit
Original Entry	Name		\$.00
Amended Entry	Name		\$.00
Original Entry	Name		\$.00
Amended Entry	Name		\$.00
Original Entry	Name		\$.00
Amended Entry	Name		\$.00
Original Entry	Name		\$.00
Amended Entry	Name		\$.00
Original Entry	Name		\$.00
Amended Entry	Name		\$.00
Original Entry	Name		\$.00
Amended Entry	Name		\$00

If insufficient space, please attach additional sheets.