

Electoral Commission Queensland Disclosure of Gifts to Registered Political Parties - Organisations



Returns must be lodged within 8 weeks after the end of each reporting period; *i.e.* by 25 February and 25 August.

Completing the return

- This return must be completed by organisations which made gifts including fundraising contributions and gifts in kind to a registered political party or to another person or organisation with the intention of benefiting a registered political party
- Reported amounts are to include GST where applicable
- This return is available for public inspection five working days after the due date for giving the return
- Supporting documentation given with this return forms part of the return
- This information is collected pursuant to the *Electoral Act 1992*

NOTE: This form is for use by organisations. Individuals reporting gifts to registered political parties should use Form QFD03B Disclosure of Gifts to Registered Political Parties - Individuals

Gift threshold amount

The gift threshold amount is \$1,000.

Reporting Period

There are two reporting periods in each year; these are the first six months of the financial year and the full financial year; *i.e.* from 1 July to 31 December and from 1 January to 30 June each year.

Inquiries

The Funding, Disclosure and Regulation Unit can be contacted on ☎ 1300 881 665.

Lodgement

Electoral Commission Queensland
Funding, Disclosure and Regulation Unit

By hand..... Level 6 160 Mary Street
BRISBANE QLD 4000

Facsimile (07) 3036 4999

By post..... GPO Box 1393
BRISBANE QLD 4001

Email fad@ecq.qld.gov.au

Name of the organisation giving this return

Name			
Address			State
			Postcode
ABN	ACN		

The person completing this return must complete the details and sign on the last page
Disclosure Period of this Return

From _____ to _____

Office Use Only	
Received _____	Reg No. _____
Scanned _____	Posted _____



Related organisations

Other business names

Do you operate or conduct business under any other names?

No

Yes ► List other trading names

Related corporations

A corporation and another corporation that is related to the first-mentioned corporation must be taken to be the same person. The question whether a corporation is related to another corporation must be decided in the same way as the questions whether a corporation is related to another corporation is decided under the Corporations Act.

Does this return cover any other related corporations?

No

Yes ► List any related corporations **you are lodging for**

Name			
Address			
	State	Postcode	
ABN	ACN		
Name			
Address			
	State	Postcode	
ABN	ACN		
Name			
Address			
	State	Postcode	
ABN	ACN		

Attach additional sheets if there is insufficient space

Disclosure Period of this Return

From _____ to _____



Gifts given

Show details of gifts including fundraising contributions and gifts in kind totalling the gift threshold amount or more paid to one political party. All gifts including fundraising contributions and gifts in kind given to that party must be disclosed regardless of their value.

Registered Political Party		Date given	Amount or value
Party			\$
Postal address			
Suburb/town			
State	Postcode		
Party			\$
Postal address			
Suburb/town			
State	Postcode		
Party			\$
Postal address			
Suburb/town			
State	Postcode		
Party			\$
Postal address			
Suburb/town			
State	Postcode		
Party			\$
Postal address			
Suburb/town			
State	Postcode		
Party			\$
Postal address			
Suburb/town			
State	Postcode		
Party			\$
Postal address			
Suburb/town			
State	Postcode		
Party			\$
Postal address			
Suburb/town			
State	Postcode		
TOTAL			

Disclosure Period for this Return

From _____ to _____



Gifts received

Show relevant particulars of sums equal to or more than the gift threshold amount that were received as gifts and used to make a gift including a fundraising contribution or gift in kind to a party.

Received from	Date	Amount or value
Name		\$
Postal address		
Suburb/town		
State Postcode		
Name		\$
Postal address		
Suburb/town		
State Postcode		
Name		\$
Postal address		
Suburb/town		
State Postcode		
TOTAL		

Attach additional sheets if there is insufficient space

Details of the person completing this return

Name	<input type="text"/>
Postal Address	<input type="text"/> <input type="text"/> <input type="text"/>
Telephone	<input type="text"/>
Facsimile	<input type="text"/>
Email	<input type="text"/>
<p>I certify that the information contained in this return and any attachments is true and complete</p>	
<p>Signature _____ Date _____</p>	

Disclosure Period of this Return

From _____ to _____