

# Real Time Return for State Candidates

For candidates and agents of candidates

The *Electoral Act 1992 (Qld)* requires a candidate or the agent of a candidate to give the Electoral Commission of Queensland a return in the approved form stating any gifts and loans received of \$1,000 or more. Gifts include gifts in kind and fundraising contributions.

#### Lodgement timeframe

Returns must be lodged within seven business days of the gift or loan being made.

#### Inquiries and lodgements

Please direct all inquiries and lodgements to the Funding and Disclosure Unit by:

Email: fad@ecq.qld.gov.au Post: GPO Box 1393

Telephone: 1300 881 665 BRISBANE QLD 4001

PART A		
Details of lodged return		
This disclosure return relates to:		
Name of candidate		
Election / by-election		

### **PART B**

#### Gifts received

List the relevant details of any gifts of \$1,000 or more received from an entity. The details of any donors who are a trust fund, foundation or unincorporated association must be disclosed in **Part D**.

Donor's name	Address	Date gift made	Amount	Description of gift (Gift, gift in kind or fundraising activity)

## PART C

### Loans received

List the details of any loans of \$1,000 or more received from an entity, other than a financial institution. The details of any loan providers who are a trust fund, foundation or unincorporated association must be disclosed in **Part D**.

#	Name of Ioan provider	Address	Date loan received	Date loan due	Date loan paid back	Amount
1						
2						
3						
4						

Terms	ጼ	conditions	of	the	loan
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1	
2	
3	
4	

#### **PART D**

# Relevant details of trust fund, foundation or unincorporated association

List the relevant details of any gifts or loans received from a trust fund, foundation or unincorporated association.

Entity name (Trust fund, foundation or unincorporated association)	Responsible persons (Trustees, persons responsible for the foundation or members of the executive committee)	Address

## **PART E** Certification and declaration Name of candidate or the agent of candidate Postal address **Phone Facsimile** (if applicable) **Email** Please tick the appropriate box I certify that the information contained in this return is true and complete; OR This return is incomplete, and I state the following: The nature and type of the particulars which are unable to be obtained: Why these particulars have not been obtained: Is another person able to provide these details? If so, please provide their contact details: Signature Date