# [insert first month/last month year] quarterly return showing the receipt of gifts of $1000 or more by an associated entity

Please refer to the *Guidelines for reporting of gifts received* when completing this form.  The guidelines are available at:
[insert web address of guidelines]

Authority for collecting information in this form is in section 216A of the *Electoral Act 1992*.
Information in the form will be made public as required by section 243A of the Electoral Act.

### What must be declared?
All gifts received by the associated entity, from the same person or organisation, that total $1000 or more during a financial year, must be declared in relation to the quarter in which the amounts received equal or exceed $1000.

If a return has already been submitted in relation to amounts given by a person or organisation and that person or organisation makes additional gifts within the financial year, then details of those gifts must be declared when the total of the additional gifts is $1000 or more.

### What is an associated entity?
An associated entity is an entity that:
Is controlled by 1 or more parties or MLAs; or
Operates, completely or to a significant extent, for the benefit of 1 or more registered parties or MLAs.

### Enquiries and returns should be addressed to:
ACT Electoral Commission, [insert postal address]
[insert street address]
Phone: [insert phone number]
Fax: [insert fax number]
Email: [insert email address]
Web: www.elections.act.gov.au

## The due date for lodging this return is [insert date]

| | | | | | | | Type of gift (X in one column only) | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Name | Address | Suburb | State/Territory | Postcode | ABN (if company) | Date received | Gift | Gift-in-kind | Amount | Description (if gift-in-kind) | How valued (if gift-in-kind) |
| | | | | | | | | | | | |

**[insert first month/last month year] quarterly return showing the receipt of gifts of $1000 or more by an associated entity**

Name of associated entity:

Name of person completing return:

Date completed:

Please enter X:    I certify that the information contained in this return and its attachments is true and complete.