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|  | Request for Amendment - Political Party Disclosure Return FINANCIAL YEAR 2024-25 |

**Completing the Return:**

* This request for amendment should be used to amend a 2024-25 *Political Party Disclosure Return* lodged with the AEC.
* This request for amendment is to be completed with reference to the [*Financial Disclosure Guide for Political Parties*](https://www.aec.gov.au/Parties_and_Representatives/financial_disclosure/guides/political-parties/index.htm)*.*
* Requests for amendment to a 2024-25 return will be available for public inspection from 2 February 2026 at [www.aec.gov.au](https://transparency.aec.gov.au/). This means that any personal information contained within this return will be publicly available. Entities completing returns should ensure that any individuals named are properly informed about the publication of the return.
* 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), and in accordance with the *Privacy Act 1988.* To view the Privacy Notice for financial disclosure returns see the [Privacy](https://www.aec.gov.au/privacy/) page on the AEC website.

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| **Name of political party** |  |

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| **2024-25** **Return details** |  | | | | | | | | |
| Is this the first amendment  to the return? | Yes |  |  | No |  | 🡺 | How many other Requests for  Amendment have been lodged? |  |  |

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| Party agent details | |
| Name of party agent |  |

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| Party agent’s request and certification | | | |
| *I request the Electoral Commission amend the Political 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 political party on whose behalf I am agent for the purposes of Part XX of the Electoral Act.*  *I understand that submitting a false or misleading return is an offence under Division 137.1 of the Criminal Code Act 1995.* | | | |
| **Agent’s signature** |  |  |  |
|  |  | Date |  |

***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.

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| **Part 1a: Total receipts for financial year 1 July 2024 to 30 June 2025** | | | |  | | |
| No change to previous information | **OR** | | | | | |
| **Previous total receipts** | $ | .00 | **Amended total receipts** | | $ | .00 |

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| **Part 1b: Amount calculated to be the value of gifts-in-kind** | |  |
| No change to previous information | **OR** | |

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| **Previous gifts-in-kind** | $ | .00 | **Amended gifts-in-kind** | $ | .00 |

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| **Part 2: Amounts of more than $16,900 received in financial year 1 July 2024 to 30 June 2025** | |
| No change to previous information | **OR** |
| **Provide details of changes or amendments to the information previously provided.** | |

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| Received from | | | | | Amount received (GST inclusive) | | Donation or Other Receipt\* | |
| **Original  Entry** | Name |  | | | $ | .00 |  | |
| Postal address |  | | |  | |  |  |
| Suburb/Town |  | State | Postcode |  | | | |
| **Amended  Entry** | Name |  | | | $ | .00 |  | |
| Postal address |  | | |  | |  |  |
| Suburb/Town |  | State | Postcode |  | | | |
| **Original  Entry** | Name |  | | | $ | .00 |  |  |
| Postal address |  | | |  | |  |  |
| Suburb/Town |  | State | Postcode |  | | | |
| **Amended  Entry** | Name |  | | | $ | .00 |  |  |
| Postal address |  | | |  | |  |  |
| Suburb/Town |  | State | Postcode |  | | | |
| **Original  Entry** | Name |  | | | $ | .00 |  |  |
| Postal address |  | | |  | |  |  |
| Suburb/Town |  | State | Postcode |  | | | |
| **Amended  Entry** | Name |  | | | $ | .00 |  |  |
| 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.

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| **Part 3: Total payments for financial year 1 July 2024 to 30 June 2025** | | | | | |
| No change to previous information | **OR** | | | | |
| **Previous total payments** | $ | .00 | **Amended total payments** | $ | .00 |

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| **Part 4: Total debts as at 30 June 2025** | | | | | |
| No change to previous information | **OR** | | | | |
| **Previous total debts** | $ | .00 | **Amended total debts** | $ | .00 |

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| **Part 5: Debts of more than $16,900 as at 30 June 2025** | |
| No change to previous information | **OR** |
| **Provide details of changes or amendments to the information previously provided.** | |

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| Creditor details | | | | | Amount owed  (GST inclusive) | | | Financial or  Non-financial institution |
| **Original  Entry** | Name |  | | | $ | | .00 |  |
| Street/postal |  | | |  | |  |  |
| Suburb/Town |  | State | Postcode |  | | | |
| **Amended  Entry** | Name |  | | | $ | | .00 |  |
| Street/postal |  | | |  | |  |  |
| Suburb/Town |  | State | Postcode |  | | | |
| **Original  Entry** | Name |  | | | $ | | .00 |  |
| Street/postal |  | | |  |  | |  |
| Suburb/Town |  | State | Postcode |  | | | |
| **Amended  Entry** | Name |  | | | $ | | .00 |  |
| Street/postal |  | | |  |  | |  |
| Suburb/Town |  | State | Postcode |  | | | |
| **Original  Entry** | Name |  | | | $ | | .00 |  |
| Street/postal |  | | |  |  | |  |
| Suburb/Town |  | State | Postcode |  | | | |
| **Amended  Entry** | Name |  | | | $ | | .00 |  |
| Street/postal |  | | |  |  | |  |
| Suburb/Town |  | State | Postcode |  | | | |
| **Original  Entry** | Name |  | | | $ | | .00 |  |
| Street/postal |  | | |  |  | |  |
| Suburb/Town |  | State | Postcode |  | | | |
| **Amended  Entry** | Name |  | | | $ | | .00 |  |
| Street/postal |  | | |  |  | |  |
| Suburb/Town |  | State | Postcode |  | | | |
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*If insufficient space, please attach additional sheets.*

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| **Part 6: Discretionary benefits** | |
| No change to previous information | **OR** |
| **Provide details of changes or amendments to the information previously provided.**. | |

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| 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.*