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|   | Request for AmendmentAssociated Entity Disclosure ReturnFINANCIAL YEAR 2024-25 |

**Completing the amended return:**

* This request for amendment should be used to amend a 2024-25 *Associated Entity Disclosure Return* lodged with the AEC.
* This request for amendment is to be completed with reference to the [*Financial Disclosure Guide for Associated Entities*](https://www.aec.gov.au/Parties_and_Representatives/financial_disclosure/guides/associated-entities/index.htm).
* Requests for amendment to a 2024-25return will be available for public inspection from 2 February 2026 at [www.aec.gov.au](https://transparency.aec.gov.au/).
* 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 return is collected under s 314AEA of the 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.
* For a definition of disclosure entity see [Disclosure entities and electoral activity](https://www.aec.gov.au/Parties_and_Representatives/financial_disclosure/guides/associated-entities/index.htm#disclosure).

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| **Name of associated entity** |       |
| Name of financial controller |       |

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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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| Financial controller’s certification |
| ***OR*** | *I certify that the information contained in this return and its attachments is true and complete to the best of my knowledge, information and belief.* *I have made due and reasonable enquiries 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.* | **[ ]**  |
|  | *I certify that the information contained in this return and its attachments is true and complete to the best of my knowledge, information and belief, except for the particulars detailed in the ‘Notice of Incomplete Return Form’ (attached).* *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 or omitting any matter which makes the information misleading is an offence under Division 137.1 of the Criminal Code Act 1995.* | **[ ]**  |
| **Signature** |  |  |  |
|  |  | Date |       |

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| List the political parties or disclosure entities the entity is associated with |       |
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***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: 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      |

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| **Part 1c: Unions** |
| 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      |
| *If insufficient space, please attach additional sheets.* |

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| **Part 2a: Total receipts for financial year 1 July 2024 to 30 June 2025** |  |
| No change to previous information | **[ ]**  | **OR**  |

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| **Previous total receipts** | $        | .00 | **Amended total receipts** | $       | .00 |

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| **Part 2b: Amount calculated to be 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 3: 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.** |
| 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      |  |

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| *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 4: 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 5: 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 6: 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.** |
| 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      |  |
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| *If insufficient space, please attach additional sheets.* |  |  |  |

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| **Part 7: 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.*

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| **Part 8: Capital contributions** |
| No change to previous information | **[ ]  OR** |
| **Provide details of changes or amendments to the information previously provided.** |

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| Contributor details | Gross amount contributed(GST inclusive) |
| **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.* |  |  |  |