



GROUP FUNDING CLAIM

Electoral Act 1907, section 175LD

Election event date	
Electoral expenditure amount claimed	
Legislative Council region contested	

Candidates Included in the Legislative Council Group

Name of candidate	
Name of candidate	
Name of candidate	
Name of candidate	
Name of candidate	
Name of candidate	

<input type="checkbox"/>	We have appointed an agent to act on our behalf under section 175D(1) of the <i>Electoral Act 1907</i> as shown below.
	OR
<input type="checkbox"/>	We have not appointed an agent, therefore, in accordance with section 175D(3) of the <i>Electoral Act 1907</i> , the person whose name appears first on the ballot paper is agent and their details are as listed below.

Agent Details

Name	
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In full – block letters

Address (for correspondence)			Postcode	
Telephone		Mobile		
Facsimile		Email		

This form should only be used by non-party Legislative Council Groups. Groups endorsed by registered political parties must claim for expenses through the party agent on form FD10 Political Party Funding Claim.

Declaration of Agent

I certify that the information contained in this claim and its attachments is true, complete and accurate in every particular, and that the relevant records required to be kept under regulation 15 of the *Electoral (Political Finance) Regulations 1996* have been kept and will, if asked for, be made available for inspection at:

_____ being a place in this State

Signature of agent

/ /

Date

I have attached an audit statement which certifies that the expenditure amount claimed is in accordance with the definition of electoral expenditure at section 175 of the *Electoral Act 1907*, and is supported by receipts and other documentation.

OR

I have attached source documentation that supports the claim in terms of the amounts and nature of the expenditure in accordance with the definition of electoral expenditure at section 175 of the *Electoral Act 1907*.

Preferred method of payment	Cheque	Bank <input type="checkbox"/>
Please direct group payment to the following account:		
Bank/Financial Institution Name:	_____	
Branch:	_____	
Financial Institution Id: (BSB Code)	____ _ (6 digits required)	
Account Number:	____ _	
Account Name:	_____	

This claim must be lodged within 20 weeks after polling day in the relevant election with the Western Australian Electoral Commissioner. Claims and any queries should be directed to:

Electoral Liaison Officer Western Australian Electoral Commission Level 2, 111 St Georges Terrace PERTH WA 6000 or GPO Box F316 PERTH WA 6841	Telephone: (08) 9214 0400 Fax: (08) 9226 0577 Email: fad@waec.wa.gov.au
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FOR OFFICE USE ONLY			
Date received	/ /	Date entered in EMSWA	/ /
% first preference votes received		Election funding reimbursement amount (as calculated under section 175LC, <i>Electoral Act 1907</i>)	
Amount paid		Date sent	/ /