



10 SEP 2004

ANNUAL RETURN BY A POLITICAL PARTY

Electoral Act 1907 section 175N

Party Details

Name

PROGRESSIVE LABOUR PARTY

In full - block letters

Address

(for correspondence)

PO Box 578 Bunbury 6231

Postcode 6231

Daytime Telephone

97911956

Facsimile

Mobile Number

E-mail

Agent Details

Name

MARY KATHERINE LUPI

In full - block letters

Address

(for correspondence)

PO Box 578

Bunbury

Postcode 6231

Daytime Telephone

97911956

Facsimile

Mobile Number

E-mail

Declaration of Agent

I certify that the information contained in this return and its attachments* is true, complete and accurate in every particular, that no other gifts of a kind required to be disclosed were received and that the relevant records required to be kept under regulation 5(1) of the *Electoral (Political Finance) Regulations 1996* have been kept and will, if asked for, be made available for inspection at:

A place in this State

Signature of agent

07/07/04

Date

1 July 2003 - 30 June 2004

Disclosure period of this return

* Attachments YES / NO

This return must be lodged with the Electoral Commissioner by the following November, and will be made available for public inspection at the end of 4 weeks following that date. Returns and any queries should be directed to:

Senior Policy 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
E-mail: waec@waec.wa.gov.au

SUMMARY OF ALL GIFTS & OTHER INCOME RECEIVED FOR THE PERIOD

	Item	Number	Value or amount \$
1.	Gifts less than the Specified Amount (\$1600) <i>mls donations</i>	4	30-
2.	Gifts (including series of gifts) equal to or exceeding the Specified Amount (\$1600). Details shown below.		
3.	Other income not listed above		
Total of all amounts received			\$ 30.

GIFTS EQUAL TO OR EXCEEDING THE SPECIFIED AMOUNT (\$1600)

Additional details required as per Electoral Act 1907 section 175M

Individual Donors, Unincorporated Associations, Trust Funds and Foundations

Name	Address	Date of receipt	Total value or amount \$

NONE.

Please attach extra sheets in the appropriate format if there is insufficient space.