



ANNUAL RETURN BY A POLITICAL PARTY

Electoral Act 1907 section 175N

Party Details

Name
In full - block letters

Address (for correspondence)

Daytime Telephone Facsimile

Mobile Number Email

Agent Details

Name
In full - block letters

Address (for correspondence)

Daytime Telephone Facsimile

Mobile Number Email

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:

34 Prosser St, Bunbury 6230
A place in this State

Signature of agent

Date

Disclosure period of this return

* Attachments YES / NO

This return must be lodged with the Electoral Commissioner by 30 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:

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
Email: 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 (\$1,600) | | — |
| 2. | Gifts (including series of gifts) equal to or exceeding the Specified Amount (\$1,600) (show details below). | | — |
| 3. | Other income not listed above | | 51.20 |
| Total of all amounts received | | | 51.20 |

GIFTS EQUAL TO OR EXCEEDING THE SPECIFIED AMOUNT (\$1,600)

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 \$ |
| NIL | | | |
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Please attach extra sheets in the appropriate format if there is insufficient space.