

# ANNUAL RETURN BY A POLITICAL PARTY

Electoral Act 1907 section 175N

## Party Details

Name

Public Hospital Support Group

In full - block letters

Address

(for correspondence)

34/100 Mundooch Drive

Mundooch Postcode 6150

Daytime Telephone

08 9366 1904

Facsimile

08 9366 1644

Mobile Number

0419904999

Email

Woolard@inet.net.au

## Agent Details

Name

KEITH VICTOR WOOLLARD

In full - block letters

Address

(for correspondence)

34/100 Mundooch Drive

Mundooch Postcode 6150

Daytime Telephone

08 9366 1904

Facsimile

08 9366 1644

Mobile Number

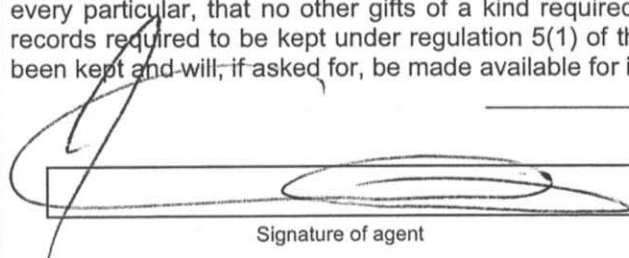
Email

Woolard@inet.net.au

## 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:

Mundooch.  
A place in this State

  
Signature of agent

20 1 08 06  
Date

1 July - 30 June  
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 (\$1,800)		
2.	Gifts (including series of gifts) equal to or exceeding the Specified Amount (\$1,800) (show details below).		
3.	Other income not listed above		
<b>Total of all amounts received</b>		<b>NIL</b>	

**GIFTS EQUAL TO OR EXCEEDING THE SPECIFIED AMOUNT (\$1,800)**

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 \$

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