

ANNUAL RETURN BY A POLITICAL PARTY

Electoral Act 1907 section 175N

Party Details

Name

UNITY PARTY WA
In full - block letters

Address

(for correspondence)

140 Melville Pde

Como Postcode 6152

Daytime Telephone

93681884

Facsimile

93681884

Mobile Number

Email

info@unitywa.org

Agent Details

Name

EDWARD HWANGS
In full - block letters

Address

(for correspondence)

3/174 Coode St

Como Postcode 6152

Daytime Telephone

93681884

Facsimile

93681884

Mobile Number

Email

info@unitywa.org

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:

WA

A place in this State



Signature of agent

24 17 2006

Date

1 July 2006 - 30 June 2006

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)	7	520-
2. Gifts (including series of gifts) equal to or exceeding the Specified Amount (\$1,800) (show details below)		/
3. Other income not listed above		400-
Total of all amounts received		920-

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.