



FD 12

Asper audit.

## **GROUP FUNDING CLAIM**

Electoral Act 1907, section 175LD

Election event date				9 MARCH 2013				
Electoral expenditure amount claimed			60,577.97.					
Legislative Council regio			gion contested		احدت			
Candidates Included in the Legislative Council Group								
Name of candidate		MAX TRENDROEN						
Name of candidate		PHILIP COMPDINEZ						
Name of candidate		BILL COMEN						
Name of candidate		ROB KESTEL						
Name of candidate		LINDSAY TUCKHELL						
Name of candidate								
	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							
		not appointed an agent, therefore, in accordance with section 175D(3) of the <i>Electoral Act</i> e person whose name appears first on the ballot paper is agent and their details are as bw.						
Agent Details								
Name			MAKHELL TREMORDEN					
In full – block letters								
Address (for correspondence)		P 0 B0x 118						
			NORTHAM			Postcode (40)		
Telephone		19	384 7383.	Mobile	0428 23	22871		
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 PF 01 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

20 15 12013.

\* Important: This claim must be accompanied by an independently audited financial 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; in accordance with section 175LD of the Electoral Act 1907; and, supported by receipts and/or other documentation. This statement must be signed by a qualified member of a recognised accounting organisation. For more information please contact the officer listed on this form.

Preferred method of paym

Please direct group payme

Bank/Financial Institution

Branch:

Financial Institution Id: (BS

Code)

**Account Number:** 

**Account Name:** 

This claim must be lodged Western Australian Electora, Commescenci. Cianns 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

(08) 9226 0577 Fax:

Email: waec@waec.wa.gov.au

FOR OFFICE USE ONLY								
Date received	241513	Date entered in EMSWA	1 1					
% first preference votes received	5.26%	Election funding reimbursement amount (as calculated under section 175LC, <i>Electoral Act 1907</i> )	1.73303					
Amount paid	7,264.84	Date sent pand	716113					