



Associated Entity Annual Return

Date rec'd AEC 17/12/01

2000/2001

Please refer to the *Funding and Disclosure Handbook for Associated Entities* when completing this form.
A copy of this Handbook can be viewed at the Australian Electoral Commission's website at www.aec.gov.au

Associated Entity Details

Name

LINK 2000

Postal Address

PO Box 8613

PERTH

WA

Postcode 6849

Financial Controller Details

Name

WILLIAM JOHNSTON

Capacity/Position with the Associated Entity

BOARD MEMBER

Postal Address

PO Box 8613

PERTH

WA

Postcode 6849

Telephone number (BH)

(08) 9328 7222

Facsimile number

(08) 9227 9585

Email address

bill.johnston@wa.alp.org.au

I certify that the information contained in this return and its attachments is true and complete.

Signature

William Johnston

Date

20/10/01

The due date for lodging this return is 20 October, 16 weeks after the end of the financial year.

Enquiries and returns should be addressed to:

THE RETURNS OFFICER
FUNDING AND DISCLOSURE SECTION
AUSTRALIAN ELECTORAL COMMISSION
PO BOX E201
KINGSTON ACT 2604

Telephone: (02) 6271 4552 (02) 6271 4411

Office Use Only

Date Received:

Registration No:

RECEIPTS

1. Total Receipts this Financial Year

NIL

This total includes all receipts of the associated entity.

Note:

- Note:
- receipts throughout all sections of the associated entity must be included in the total;
 - no category of receipt is to be excluded (eg. loans received are included);
 - all figures must be gross;
 - receipts of less than \$1,500 must also be included in this total; and
 - it includes monetary receipts and gifts-in-kind (as defined in the Handbook)

2. Persons and Organisations from whom \$1,500 or more was received

In the table below list the name, address and the total amount received for those persons and organisations from whom \$1,500 or more was received. Individual receipts of less than \$1,500 do not need to be aggregated as part of the amount to be disclosed for a person or organisation. Where a loan has been received from a source other than a recognised financial institution, details of the terms and conditions of that loan must also be disclosed.

[illegible]

PAYMENTS

3. Total Payments this Financial Year

7,364.34

This total includes all payments by the associated entity.

Note:

- payments throughout all sections of the associated entity must be included in the total;
- no category of payment is to be excluded (eg wages and salaries are included);
- all figures must be gross.

DEBTS

4. Total Debts as at 30 June

NIL

This total includes all debts, overdrafts and unpaid accounts of the associated entity.

Note:

- debts outstanding throughout all sections of the associated entity must be included in the total;
- no category of debt is to be excluded; and
- all figures must be gross.

5. Persons and Organisations to whom \$1,500 or more is owed

In the table below list the name, address and the total amount outstanding for those persons and organisations to whom \$1,500 or more is owed.

[illegible]

CAPITAL

6. Persons and Organisations who deposited capital

Where any payment during the financial year was made to or for the benefit of a registered political party out of funds generated from capital deposits held, list in the table below the name, address and the total of capital deposits for all persons who contributed to the capital of the associated entity since 16 June 1995 or the last disclosure of capital deposits, whichever is the later.

Note:

- unlike other sections of this return there is no minimum disclosure threshold applicable;
- all capital deposits must be included whether or not those deposits directly generated the funds used to make a payment to or for the benefit of a political party;
- include all deposits received, not a total of deposits net of withdrawals/repayments or a balance as at 30 June;
- do not include capital deposits which have been disclosed on a previous return; and
- there is no requirement to declare capital deposited prior to 16 June 1995 in these figures.

[illegible]

Please provide an estimate of the time taken to complete this form hrs mins

If space is insufficient please attach additional sheets