PHONE NO. :

Apr. 02 2002 03:12PM P1

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Mar. 27 2002 01:599N P2

Australian Electoral Commission AEC AMENDMENT - POLITICAL PARTY ANNUAL RETURN

1. Party details	
Name	
POLINE HANDEN'S ONE NATION	WA DIVISION (FOR THIS RETURN)
SUITE C 437 - 441 ALBANY	HWY, VICTURIA MARK. WA. 6100
Telephone number (BH)	Facsimile number
(08) 936/ 9388	(08) 9361 9800
t! - mail address	
phon & linet. net	
2. Agent details flame	
FRANK HOUGH	
ADDITIONS 59-46 EAST	
EAST FREMANI	
NESTERN A	USIAMIA
	Facsimile number
108 94381567.	(08) 9486 4085
mall address	
Though @ mp. wa gov au	
	in this amendment and its attachments is true
and complete.	
Agente Boardino	
flen for	7:3/02
Enquires and returns should be address	sed to:
THE RETURNS OFFICER FUNDING AND DISCLOSURE SECTION	ON Officer
AUSTRALIAN ELECTORAL COMMISS PO BOX F261	MON Amendment No
KINGSTON ACT 2604	Date Received 2 8 MAR 2002
Telephono (02) 8271 4552 Facsimila (02) 6271 4555	Registration No. P2080Ao

FROM :,'

Australian Electoral Commission AEC AMENDMENT - POLITICAL PARTY ANNUAL RETURN

 Party deta 	ils
--------------------------------	-----

Facsimile (02) 6271 4555

Name			
PAULINE HANSON'S ONE NATION	WA DIVIS	ION FOR THIS	RETURN)
F'ostal address			
SUITE C 439-441 ALBANY	HWY, VICTO	BRIA PARK. WA	4. 6100
Telephone number (BH)	Facsimile	number	
(08) 9361 9388	(08) 9	361 9800	
E. – mail address			
phon @ iinet. net			
2. Agent details			
Address			
Telephone number	Facsimile	number	
(:)	(,)		
E – mail address			
l certify that the information contained and complete.	in this amen	dment and its at	tachments is true
Agents signature			
1	1		a .
Enquires and returns should be address	ssed to:		
THE RETURNS OFFICER		Office Use Only	
FUNDING AND DISCLOSURE SECTI AUSTRALIAN ELECTORAL COMMIS FO BOX E201		Amendment No.	
KINGSTON ACT 2604		Date Received	
Telephone (02) 6271 4552		Registration No.	

P	The state of	
FRO	11.1	

Fave you made a previous amendment to this years Annual Return? Yes No				
If you answered yes to the above question, write the previous amendment number in the space provided below.				
Previous amendment number				
RECEIPTS				
Total Receipts this Financial Year				
Does this amendment include a change to the Total Receipts Figure. Yes No				
If Yes, record the previous Total Receipts Figure and then the amended Total Receipts Figure in the boxes below:				
Previous Total Receipts Figure	Amended Total Receipts Figure			
S	\$			

2. Persons and Organisations from whom \$1,500.00 or more was received.

Does this amendment include changes to the persons and organisations from whom \$1,500.00 or more was received?

If '/ES, record only the individual specific changes to the list provided in your or ginal return in the following spaces. Alternatively, you can attach the original list and highlight the specific changes with an asterisk (*).

Name	Address	Amount Received
MJ &I.W. TOMKIN	S NOOKANARRA STATION, CU	E. WA. \$5000 D
J. HANCOCK .	PORONGA RUPS ROAD, MOU	T .
LANCE BAKER . 201	01/01 A KEESING ST. PORT HEL	SLAND. WA \$ 1500 D
LANCE BAKER 20/01		LAND. WA. \$ 31-70
ELECTORY COMMISSION	INA (RECEI	T#95i4) \$ 11250.
i		

FROM	
FRUIT	

PAYMENTS

3.	3. Total Payments this Financial Year				
Doe	s this amendment in	nclude a change to	the total payments	figure? Yes No	
	es, record the pre res in the boxes be		Figure and the ar	nended Total Payment	
Prev	Previous Total Payments Figure Amended Total Payments Figure				
\$			\$		
DIE	TS				
4.	Does this amen	dment include ch	anges to the Total	Debts figure?	
	s, record the previous oxes below.	us Total Debts Fig	ure and the amend	ded Total Debt Figure in	
L:-	ious Total Debts F	igure	Amended Total	Debts Figure	
\$			\$		
5.	5. Persons and Organisations to whom \$1,500.00 or more is owed.				
	Does this amendment include an amendment to the persons and organisations to whom \$1,500.00 or more is owed? Yes No				
If yes, record only the addition/deletions or variations from the list provided in your original return in the spaces provided. Alternatively, you can attach the previous list and highlight the changes to be made with an asterisk (*).					
Nam	e	Address		Amount Owed	
	1				