

VIAEC -9 SEP 2005

ANNUAL RETURN BY A POLITICAL PARTY

Electoral Act 1907 section 175N

Party Details							
Name	AUSTRALIA FIA	257 PH	PRTY (W.A. DIVISION)				
Address (for correspondence)	2 HOLLETT STONEVILLE		Postcode 6081				
	a) CITE ILLENT	41.17 .	Postcode 6007				
Daytime Telephone	9295 6085	Facsimile	NA				
Mobile Number	N/A	Email	N/A				
Agent Details			/				
Name	WILLIAM BOLE		SOCHACKI				
Address (for correspondence)	2 HOLLETT	In full - block	(letters				
	STONEVILLE	W.A.	Postcode 6081				
Daytime Telephone	92956085	Facsimile	N/A				
Mobile Number	NA	Email	NA				
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 records required to be k	other gifts of a kind require	ed to be discletthe Electoral inspection at:	osed were received and that the relevant (Political Finance) Regulations 1996 have				
	Market and the same of the sam	,	A place in this State				
J. Tochoch: 8 19 12005							
Signature of agent			. Date				
		'	1 July <i>04 -</i> 30 June 2005				
* Attachments XES / NO			Disclosure period of this return				

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 (\$1,600)		NIL
2.	Gifts (including series of gifts) equal to or exceeding the Specified Amount (\$1,600) (show details below).	W	N12
3.	Other income not listed above	1	NIL
	Total of all amounts received		MIL

GIFTS EQUAL TO OR EXCEEDING THE SPECIFIED AMOUNT (\$1,600)

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				
		American Control					
1			Y				
M	1/2	1					
/\	M.						
		NIL	NIL				

Page 2

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