1 5 AUG 2005

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## **ANNUAL RETURN BY A POLITICAL PARTY**

Electoral Act 1907 section 175N

Party Details						
Name	DAYLIGHT SAUNG PARTY.					
Address (for correspondence)	150 ADELAIDE TOR PERTH					
(ioi sonospondonos)	Postcode 6000					
Daytime Telephone	Facsimile					
Mobile Number	Email toucunneen a daylight					
Agent Details	saving party org. and					
Name	DR THOMAS SHANNON CUNNEEN					
Address (for correspondence)	AS ABOUE					
(ioi correspondence)	Postcode					
Daytime Telephone	Facsimile					
Mobile Number	Email					
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:						
Sign	A place in this State  Q / 8 / 0 5  nature of agent  Date					
=	1 July 04 - 30 June 05					
* Attachments YES	/ 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

ltem		Number	Value or amount
1.	Gifts less than the Specified Amount (\$1,600)	0	0
2.	Gifts (including series of gifts) equal to or exceeding the Specified Amount (\$1,600) (show details below).	0	0
3.	Other income not listed above	0	0
Total of all amounts received		0	0

## 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		
	NONE.				

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