



**PD 01** 

(1) 10 10 10 10 10 10 10 10 10 10 10 10 10	Electoral Act 1907 section 175N				
Party Details					
Name	AUSTRALIAN DEMOCRATS WA				
Address (for correspondence)	PO BOX 123				
(iii danaganaa)	MORTHBRIDGE WA Postcode 6865				
Daytime Telephone	(08) 9306 4447 Facsimile (08) 9474 1522				
Mobile Number	Email				
Agent Details					
Name	ERICA LEWIN				
Address (for correspondence)	PO Box 123				
,	NORTHBRIDGE WA Postcode 6865				
Daytime Telephone	(68)9331 1674 Facsimile -				
Mobile Number	0423130054 Email Elewin@optusnet. com.a				
every particular, that no records required to be ke	on contained in this return and its attachments* is true, complete and accurate in other gifts of a kind required to be disclosed were received and that the relevant opt under regulation 5(1) of the Electoral (Political Finance) Regulations 1996 have ad for, be made available for Inspection at:				
	A place In this State				
E. heus	30/10/06				
Sign	ature of agent Date				
	1 July 2005-30 June 200 (				
* Attachments	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

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## SUMMARY OF ALL GIFTS & OTHER INCOME RECEIVED FOR THE PERIOD

Item		Number	Value or amount \$
1.	Gifts less than the Specified Amount (\$1,800)	10	#352-00
2.	Gifts (including series of gifts) equal to or exceeding the Specified Amount (\$1,800) (show details below).		
3.	Other income not listed above		
Total of all amounts received		10	\$352-00

## GIFTS EQUAL TO OR EXCEEDING THE SPECIFIED AMOUNT (\$1,800)

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			
		72				
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Please attach extra sheets in the appropriate format if there is insufficient space.