

PD 01

## ANNUAL RETURN BY A POLITICAL PARTY

Electoral Act 1907, section 175N

	Party Details
Name	AUSTRALIAN DEMOCRATS (H.A.) DIVISION
	in full – block letters
Address	P.O. BOX 123 NORTHBRIDGE W.A.
(for correspondence)	Postcode 6865
Telephone	93064447 Mobile
Facsimile	Email
	Agent Details
Agent name	SANJAY CHAKRABORTY
	in full – block letters
Agent address	P.O. BOX 123 NORTHBRIDGE WOLF.
(for correspondence)	Postcode 6865
Telephone	93064447 Mobile 0438 911 847
Facsimile	Email
	Declaration of Agent
every particular, that records required to the	rmation contained in this return and its attachments* is true, complete and accurate in to other gifts of a kind required to be disclosed were received and that the relevant be kept under regulation 5(1) of the Electoral (Political Finance) Regulations 1996 have tasked for, be made available for inspection at:  ALINGTON AVE, SOUTH PERTH WAS being a place in this State
0	22 /08/2007  Signature of agent  Date
* Attachments YES	/ NO Disclosure period of this return 1 July 2005 30 June 2006

This return must be lodged with the Electoral Commissioner by 30 November, and will be made available for public inspection at the end of four weeks following that date. Returns and any queries should be directed to:

Electoral Liaison 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 AND OTHER INCOME RECEIVED FOR THE FINANCIAL YEAR

	Item	Number	Value or Amount \$
1.	Gifts less than the Specified Amount (\$1,800)	See list	attached
2.	Gifts (including series of gifts) equal to or exceeding the Specified Amount (\$1,800) (show details below)	-otherns	7/40 .17
3.	Other income not listed above	'va.	6119.83
	Total of all amounts received		13260.00

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

Additional details required as per Electoral Act 1907, section 175M

2506.00 2506.00 2506.00 2506.00 2506.00 2506.00	Name	Address	Date of Receipt	Value or Amount \$
7/40:/7	draising Dinne	/ \		2506.00
7/40:/7	tional	all other income		
7/40:/7	mbesslip	> see attached em	ail.	4634.17
7/40:/7	-imbursement	<del>'</del>		
				7140.17
			- Allendaria	710

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