

ANNUAL RETURN BY A POLITICAL PARTY

Electoral Act 1907 section 175N

Party Details						
Name	DAYLIGHT SA	UINA In full - bloc	PART	Y		
Address (for correspondence)	dress 446 CAMBRIDGE ST					
(ior correspondence)	FLOREAT		Postcode	6014		
Daytime Telephone		Facsimile				
Mobile Number	0402392785	Email	tom.cu	nneen a dayligh	Asavine	
Agent Details			party. a	rg-au. 00		
Name	TOM CUN	IN E EN	lattere			
Address (for correspondence)	AS ABOUR	III Idii - Diock I	etters			
***************************************	Postcode					
Daytime Telephone	0402392785	Facsimile				
Mobile Number		Email	its a	BOVE		
Declaration of Ager	nt			No. of the Control of		
every particular, that no records required to be keep	tion contained in this return ar other gifts of a kind required ept under regulation 5(1) of the ed for, be made available for ir	to be disclos e <i>Electoral (F</i> nspection at:	Political Finance FLORER place in this State	ved and that the relevante) Regulations 1996 have	t	
Gign	ature of agent			Date		
* Attachments VES	/ NO	_ 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 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 (\$1,800)	2	300
2.	Gifts (including series of gifts) equal to or exceeding the Specified Amount (\$1,800) (show details below).	0	
3.	Other income not listed above	0	
	Total of all amounts received		

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 amoun			

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