618 9340 7078

WAEC

10 FEB 2009

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	POLITACIAN PARTY
5 7 <u>5 4 6 34 6 35</u>	Electoral Act 1907, section 175N
	Party Details
Name	NURSES FOR HEALTH
Address (for correspondence)	MORUEY Postcode 6000
Telephone	9377 1405 Mobile 040 777 4423
Facsimile	Email nurses fateath ourstner con an
	Agent Details
Agent name	PATRICIA ATINE FOU WIR
Agent address (for correspondence)	MORUEY Postcode 6062
Telephone	Email Hish forker western con an
Facsimile	Email Hish, fowler @ wester. com. an
	Declaration of Agent
every particular, that records required to be	mation contained in this return and its attachments* is true, complete and accurate in no other gifts of a kind required to be disclosed were received and that the relevant e kept under regulation 5(1) of the Electoral (Political Finance) Regulations 1996 have asked for, be made available for inspection at:
X	being a place in this State
	In the second se
* Attachments YES /	

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

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

Name	Address	Date of Receipt	Value of Amount
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	1		

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