ANNUAL RETURN BY A POLITICAL PARTY

Electoral Act 1907, section 175N

Party Details

Name	Public hospital Support Group
	in full – block letters

Address (for correspondence)		**Postcode**	
Telephone		**Mobile**	0419904994
Facsimile		**Email**	

Dr Keith Woollard
34/100 Murdoch Drive
Murdoch Western Australia 6150
Tel: 08 9366 1904 Fax: 08 9366 1644
woollard@iinet.net.au

Agent Details

Agent name	
	in full – block letters

Agent address (for correspondence)		**Postcode**	
Telephone		**Mobile**	
Facsimile		**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:

MURDOCH
being a place in this State

Signature of agent

5 / 1 / 9
Date

* Attachments **YES / NO**	Disclosure period of this return	1 July 2007	30 June 2008

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)		
2.	Gifts (including series of gifts) equal to or exceeding the Specified Amount ($1,800) (show details below)	*N/L*	
3.	Other income not listed above		
	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	Value or Amount $
		N/L	

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