

## ANNUAL DISCLOSURE OF GIFTS AND OTHER

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8	Details of I	Party	
Name of Darty	CHRISTIA DEMO	CRATIC	PARTY
Address of party fo correspondence	5 YATE TLA		/ -A
	FORRESTF	IELD	Postcode 6058
Daytime Telephone	9359-1613	Facsimile	9359-1937
D	etails of agent completing	and lodging t	this return
Name of agent	DERK J. GANS	In full, block letters	
Address of agent	22 ANNE AUE	in full - block letters	
	WALLISTON		Postcode be 76
Daytime Telephone	9291-7992	Facsimile	
	ation contained in this return and it of other gifts of a kind required to		
records required to be inspection at	being a place in Western Australia	en kept and will,	

Western Australian Electoral Commission 4th Floor, 480 Hay Street PERTH WA 6000

#### **Disclosure Period**

All disclosure periods which would otherwise begin under the Act at an earlier date begin from 9 November 1996, the date on which the Electoral Legislation Amendment Act 1996 commenced and the Electoral (Political Finance) Regulations 1996 came into operation.

FOR OFFICE USE ONLY		
Date received		

# SUMMARY OF ALL GIFTS RECEIVED FOR THE DISCLOSURE PERIOD

	Item		Value or amount	
1.	Donations (including series of donations) of \$1500 or more		The same	
2.	Donations less than \$1500		4045	
3.	Fund-raising activities raising \$1500 or more *	1	2217	
4.	Other activities raising less than \$1500 **	diati	219	
5.	Contributions received from other sources not listed above			
	Sum total of all amounts received		6481	

- \* Totals to include smaller activities held in conjunction with the main activity or event. Details to be given on page 5.
- \*\* Include only activities NOT associated with item 3.

### **DONATIONS EQUAL TO OR EXCEEDING \$1500**

A. Individual donors and unincorporated associations				
Name of donor or unincorporated association	Donor's address (include names and addresses of unincorporated association committee members)	Date of donation	Receipt No.	Total value or amount
		Maria Sala		
В.	Trust funds and foundations		ns en	
Name or title of trust fund or foundation	Names and addresses of trustees, executive members or directors and beneficiaries	Date of donation	Receipt No.	Total value or amount

#### CONTRIBUTIONS RECEIVED FROM OTHER SOURCES

Description of contribution received	Name and address of contributor	Date of donation	Receipt No.	Total value or amount
			Hamile	
		- Training		
		NO PER SE		
			Paten 1	

#### **EVENTS AND ACTIVITIES RAISING \$1500 OR MORE**

Date of event	Name and address of event	Name and address of the organiser	Other activities associated with the main event	Total Amount
27/4/98	ROSE a Com Hotel, quileyord	Mis Ranie, 5 yete Pl. Konstfield		2217
				- (
			ESHIBATTA	