

ANNUA	L RETURN BY A POLITICAL PARTY
Franks/	Electoral Act 1907 section 175N
Party Details	
Party Names	AUSTRALIA FIRST PARTY.
Party Address	12 Hare & (Box 10398) KALGOOPILES
	Postcode 64 20
Daytime Telephone	0890214613 Facsimile 0890223763
Mobile Number	0418975946 E-mail Campbell & ludin. com a
Agent Details	
Agent Name	GRAENE CAMPOELL In full - block letters
Agent Address	72 Hare So MALGOORLE
(for correspondence)	Postcode 6430.
Daytime Telephone	0418925946 Facsimile 0890223763
Mobile Number	190214613. E-mail campbell & ludin-com, au
every particular, that no	ation contained in this return and its attachments* is true, complete and accurate in o other gifts of a kind required to be disclosed were received and that the relevant sept under regulation 5(1) of the <i>Electoral Act 1907</i> have been kept and will, if asked
youn	e bambell (8/11/99)
	ature of agent Date
* Attachments (	1 agent
	Charage O GR Disclosure period of this return

This return must be lodged with the Electoral Commissioner by 30 November 1999, and will be made available for public inspection after the end of 4 weeks following that date.

Returns and any enquiries should be forwarded to:

Political Finance Officer Western Australian Electoral Commission Level 2 111 St George's Terrace PERTH WA 6000

OR

GPO Box F316 PERTH WA 6841

Telephone: (08) 9214 0445

Fax: (08) 9226 0577

OFFICE USE ONLY

e-mail: disclosure@waec.wa.gov.au

Date Received

Please attach extra sheets in the appropriate format if there is insufficient space in any of the following sections.

## SUMMARY OF ALL GIFTS RECEIVED FOR THE DISCLOSURE PERIOD

	Item	Number	Value or amount \$	
1.	Donations (including series of donations) of \$1500 or more	NIL	1/3	
2.	Donations less than \$1500	35	4584	
3.	Fund-raising activities raising \$1500 or more*	NIL		
4.	Other activities raising less than \$1500**	NIL		
5.	Contributions received from other sources not listed above	NIL		
	Sum Total of all amounts received			

<sup>\*</sup> Totals to include smaller activities held in conjunction with the main activity or event. Details to be given on page 5.

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

Name of donor or unincorporated association	Donor's address (include names and addresses of committee members of unincorporated associations)	Date of Receipt	Total value or amount \$
	NIV		
	N N N N N N N N N N N N N N N N N N N		

<sup>\*\*</sup> Include only activities NOT associated with item 3.

		<u>Base</u>
N		
	NI	NIL

# CONTRIBUTIONS RECEIVED FROM OTHER SOURCES

Description of contribution received	Name and address of contributor	Date of Receipt	Total value or amount \$
	1		
	NIK		
	V		
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			L. I. M.

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

Date of event	Name and address of event	Name and address of the organiser	Total amount
			-
MA S			
	NI		

### **RETURN FROM ASSETS**

Description of asset	Address or location of asset	Name and address of manager, trustee or executive	Date amount received	Receipt no.	Amount received \$
		11/			
		N			

#### PROCEEDS FROM SALE OF GOODS AND SERVICES

Description of goods or service	Purchaser's name	Address of purchaser	Date amount received	Receipt no.	Amount received
		MIL			
		100			