

ANNUA	L RETURN B	Y A PC	LITICAL PARTY		
Party Details	Electoral Ad	ct 1907 section 175	N		
OCT 1999 Party Name	CITIZENS		L COUNCIL		
Party Address	RMB- 475,		and the state of t		
ior correspondence)	KOSONUP.	w.A.	Postcode 6395		
Daytime Telephone	089311038	Facsimile	0898311638		
Mobile Number		E-mail			
Agent Details					
Agent Name	JEAN HEHEN ROBINSON In full - block letters				
Agent Address (for correspondence)	RM.B-475.				
	KOSONUP,	W.A.	Postcode 6395.		
Daytime Telephone	0898311038	Facsimile	0898311638.		
Mobile Number		E-mail			
every particular, that no	ation contained in this return to other gifts of a kind requi- tept under regulation 5(1) of or inspection at	red to be discle	nments* is true, complete and accurate in osed were received and that the relevant Act 1907 have been kept and will, if asked		
		A place in this	State		
20,	Re		13 1 8 1 99		
* Attachments	ature of agent		Date 1000 30 June 1000		
Attacriments	L37 NO	L	1 July 1998 - 30 June 1999 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

Date Received

OFFICE USE ONLY

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

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		1/2
2.	Donations less than \$1500		C RECO
3.	Fund-raising activities raising \$1500 or more*		
4.	Other activities raising less than \$1500**		
5.	Contributions received from other sources not listed above		
	Sum Total of all amounts received	NIL	NIL

^{*} 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

associations)	
	\$
	11845

^{**} Include only activities NOT associated with item 3.

Individual donors, unincorporated associations, trust funds and foundations						
Name or title of trust fund or foundation.	Names and addresses of trustees, executive members or directors and beneficiaries	Date of Receipt	Total value or amount			

CONTRIBUTIONS RECEIVED FROM OTHER SOURCES

Description of contribution received	Name and address of contributor	Date of Receipt	Total value or amount
	. \		
	NIL		
**			

EVENTS AND ACTIVITIES RAISING \$1500 OR MORE

Date of event	Name and address of event	Name and address of the organiser	Total amount
61 / 34			
14.14			
		Transfer to the same	
		NIL	

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
		, . /			
		NIL			

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 \$
		NIL			