



WESTERN AUSTRALIAN
Electoral Commission



Amended 68

PD 01

ANNUAL RETURN BY A POLITICAL PARTY

Electoral Act 1907 section 175N

Party Details

Party Name

AUSTRALIA FIRST PARTY

In full - block letters

Party Address

RSM 174

(for correspondence)

BUSSELTON

Postcode

Daytime Telephone

08 9755990

Facsimile

08 9755455

Mobile Number

041 5529843

E-mail

talltrees@telstra.casymail.com.au

Agent Details

Agent Name

GRAEME CAMPBELL

In full - block letters

Agent Address

Box 10398 KALGOORNE

(for correspondence)

Postcode

3420

Daytime Telephone

08 90214613

Facsimile

08 90223763

Mobile Number

04 28925946

E-mail

campbell@emerge.net.au

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 Act 1907 have been kept and will, if asked for, be made available for inspection at

43 MORRISON Rd MIDLAND

A place in this State

Graeme Campbell

Signature of agent

12 / 5 / 2001

Date

1 July 1999 - 30 June 2000

Disclosure period of this return

* Attachments YES / NO

This return must be lodged with the Electoral Commissioner by the following 30 November, 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 0400

Fax: (08) 9228 0577

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

OFFICE USE ONLY

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 | | |
| 2. | Donations less than \$1500 | 23 | 585 |
| 3. | Fund-raising activities raising \$1500 or more* | | |
| 4. | Other activities raising less than \$1500** | | |
| 5. | Contributions received from other sources not listed above | 32 | 1155 |
| Sum Total of all amounts received | | | |

* 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.

i. DONATIONS EQUAL TO OR EXCEEDING \$1500

Individual Donors, Unincorporated Associations, Trust Funds and Foundations

[illegible]

| 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 \$ |
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N/A

CONTRIBUTIONS RECEIVED FROM OTHER SOURCES

| Description of contribution received | Name and address of contributor | Date of receipt | Total value or amount \$ |
|--------------------------------------|--|-----------------|--------------------------|
| (31) Total membership subscriptions | | | 655 |
| Donation of old caravan | by Mrs. Jean MOTT in December 99 Box 285 Busselton - | | 500 |
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3. EVENTS AND ACTIVITIES RAISING \$1500 OR MORE

| Date of event | Name and address of event | Name and address of the organiser | Total amount \$ |
|---------------|---------------------------|-----------------------------------|-----------------|
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RETURN FROM ASSETS

| Description of asset | Address or location of asset | Name and address of manager, trustee or executive | Date of receipt | Receipt No. | Amount received \$ |
|----------------------|------------------------------|---|-----------------|-------------|--------------------|
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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 \$ |
|---------------------------------|------------------|----------------------|----------------------|-------------|--------------------|
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