

ANNUAL RETURN BY A POLITICAL PARTY				
	Electoral Act	1907 section 1751	¥ 1,	
Party Details			The out som	
Party Name	CITIZENS	FLECT	ORAL COUNCIL	
D. I. A.I.I.	0110		lock letters	
Party Address (for correspondence)	RM-B. 4	175,		
(ioi correspondence)	KOSONUP,	WA-	Postcode 6395	
Daytime Telephone	0898311038	Facsimile	0898311638	
Mobile Number		E-mail		
Agent Details				
Agent Name	JEAN	ROBIN	Sor	
		In full - bloc	k letters	
Agent Address	RMB 475	5,		
(for correspondence)	roson	UP.	Postcode 6395	
	7-0-0-1-		1 osteode 8575	
Daytime Telephone	0898311038	Facsimile	98 311638	
Mobile Number		E-mail		
every particular, that no	ion contained in this return other gifts of a kind requir opt under regulation 5(1) of	ed to be discle the <i>Electoral A</i>	aments* 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	
99	Chl		2911/100	
Signa	ture of agent		Date	
			1 July 1999 - 30 June 2000	
* Attachments YI	ES/NO		Disclosure period of this return	

This return must be lodged with the Electoral Commissioner by 30 November 2000, 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 e-mail: waec@waec.wa.gov.au

Fax: (08) 9226 0577

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			
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	

<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 unincorporated association committee members)		Total value or amount
1			
1	No.		
10			

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

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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# **CONTRIBUTIONS RECEIVED FROM OTHER SOURCES**

Name and address of contributor	Date of receipt	Total value or amount
\ /		
	Name and address of contributor	

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

Date of event	Name and address of event	Name and address of the organiser	Total amount \$
	NV		
	110'		
	12		

#### **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 \$
		DIV			

# 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
		9			