

ANNUAL RETURN BY A POLITICAL PARTY

Electoral Act 1907 section 175N

Party Details			
Party Name	CITY COUNTA	y ALL	-IANCE WA
Party Address	c/0 43 Co	Infull-b	MANDURAH. WA 6
(for correspondence)			Postcode 6210
Daytime Telephone	95351208	Facsimile	95351208
Mobile Number		E-mail	
Agent Details			
Agent Name	JOHN HE	RBERT	EMMOTT
Agent Address (for correspondence)	43 Coolea	In full - bloc	ANDURAH WA
			Postcode 6210
Daytime Telephone	95351208	Facsimile	95351200
Mobile Number		E-mail	
every particular, that no	tion contained in this return other gifts of a kind require ept under regulation 5(1) of	ed 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
Signa	d. Crumolf ature of agent	í c	A place in this State 16 1031 2-001 Date
1/	A		1 July 1999 - 30 June 2000
* Attachments *	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	13	1061.00		
3.	Fund-raising activities raising \$1500 or more*	包	1061.00		
4.	Other activities raising less than \$1500**	ECTIONS	819.00		
5.	Contributions received from other sources not listed above				
	Sum Total of all amounts received		1880.00		

^{*} 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

Individual Donors, Unincorporated Associations, Trust Funds and Foundations						
Name of donor or unincorporated association	Donor's address (include names and addresses of unincorporated association committee members)	Date of receipt	Total value or amount \$			
		La Tallia				

^{**} 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 \$		
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CONTRIBUTIONS RECEIVED FROM OTHER SOURCES

Description of contribution received	Name and address of contributor	Date of receipt	Total value or amount \$

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EVENTS AND ACTIVITIES RAISING \$1500 OR MORE

Date of event	Name and address of event	Name and address of the organiser	Total amount \$
- Indiana			

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

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 \$