

CANDIDATE FUNDING CLAIM

Electoral Act 1907, section 175LD

Election event date	6 th Sept 2008
Electoral expenditure amount claimed	\$ 2678.07

Candidate Details	
Name	Elizabeth RE

In full – block letters

Address (for correspondence)	23 Hakea Road		Postcode	6018
	Woodlands			
Telephone	9446 7136	Mobile	041 991 3988	
Facsimile		Email	lizre@bigpond.net.au	

I have appointed an agent to act on my behalf under section 175C of the *Electoral Act 1907* as shown below.
If YES, please complete agent details below. If NO, leave blank.

Agent Details	
Name	Maria J Brown

In full – block letters

Address (for correspondence)	S Rea St		Postcode	6151
	South Perth			
Telephone	9474 1257	Mobile		
Facsimile		Email		

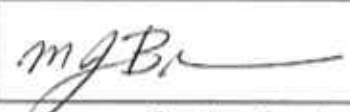
Please pay entitled amount \$2,678.08

DW
28/11/09

Declaration of Agent or Candidate if No Agent

I certify that the information contained in this ^{*}claim and its attachments^{*} is true, complete and accurate in every particular, and that the relevant records required to be kept under regulation 15 of the *Electoral (Political Finance) Regulations 1996* have been kept and will, if asked for, be made available for inspection at:

_____ being a place in this State


Signature of agent


Date

*** Important:** This claim must be accompanied by an independently audited financial statement which certifies that the expenditure amount claimed is: in accordance with the definition of 'electoral expenditure' at section 175 of the *Electoral Act 1907*; in accordance with section 175LD of the *Electoral Act 1907*; and, supported by receipts and/or other documentation. This statement must be signed by a qualified member of a recognised accounting organisation. For more information please contact the officer listed on this form.

Preferred method of payment	Cheque <input checked="" type="checkbox"/>	Bank <input type="checkbox"/>
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Please direct my payment to the following account:

Bank/Financial Institution Name: _____

Branch: _____

Financial Institution Id: (BSB Code) _____ (6 digits required)

Account Number: _____

Account Name: _____

This claim must be lodged within 20 weeks after polling day in the relevant election with the Western Australian Electoral Commissioner. Claims and any queries should be directed to:

Electoral Liaison Officer
Western Australian Electoral Commission
Level 2, 111 St Georges Terrace
PERTH WA 6000 or
GPO Box F316 PERTH WA 6841

Telephone: (08) 9214 0400
Fax: (08) 9226 0577
Email: waec@waec.wa.gov.au

FOR OFFICE USE ONLY

Date received	27/01/09	Date entered in EMSWA ^{checked}	28/01/09
% first preference votes received	9.15%	Election funding reimbursement amount (as calculated under section 175LC, <i>Electoral Act 1907</i>)	\$2,678.08
Amount paid	\$2,678.08	Date sent	10/1/09