Entitlement \$2772.21 please pay this amount 10W12/11/08.

PF 02



CANDIDATE FUNDING CLAIM

Election event date		6 September 2008					
Electoral expan	diture amount claimed	6 September 2008 \$9851:55					
	Cano	didate Deta	ils				
Name	JAMES STE	CANDEN GRAYDEN					
Address	86 STRICK		ST				
(for correspondence)	SOUTH PE			Post	code	6151	
Telephone	9368 0163	Mobile	0400	611	02	0	
	0		grayden Dyahe				
Facsimile I have appointed a	93679124	Email nder section 1	J3			•	
I have appointed a	an agent to act on my behalf the specific agent details below, if the specific agent details below, if the specific agent details below.	nder section 1	75C of the Electo			•	
I have appointed a	an agent to act on my behalf the second seco	nder section 1	75C of the Electo			•	
I have appointed a If YES, please cor	an agent to act on my behalf the second seco	nder section 1 NO, leave blan gent Detail	75C of the Electo	ral Act 190		•	
I have appointed a If YES, please cor Name	an agent to act on my behalf the second seco	nder section 1 NO, leave blan gent Detail	75C of the Electo	ral Act 190	07 as sh	•	

-9 OCT 2008

	Declaration of	of Agent or C	andidate if No A	gent			
of the Electoral (Personal Institution of the Electoral Institution of the	nformation contains particular, and that plitical Finance) Re- ction at:	the relevant re gulations 1996	ecords required to have been kept a	be kept un nd will, if as	sked for, be made		
86 5	TRICK LA	being a place in	SOUTH Nie State	TE	475		
A 9.	couple			10	08		
certific exper <i>£lect</i> (must	claim must be account the expenditure at section 170 and, be signed by a quantation please contact	impanied by an ire amount claim 5 of the Electora supported by re- diffied member of	independently audited is: in accordance I Act 1907, in accordance ceipts and/or other of a recognised according to the III and III according to the III acco	with the de lance with s documental	efinition of electoral ection 175LD of the ion. This statement		
Preferred method	of payment	Cheque	/	Bank			
Financial Institut Code) Account Number Account Name:			— — (5 cigits requi	red)			
This claim must Western Australi	be lodged within an Electoral Com	20 weeks afte missioner. Cl	r polling day in th	e relevant ries shoul	election with the		
Electoral Liaison Office Western Ausomber E- Level 2, 111 St Georg PERTH WA 5000 or GPO Box 52 6 123	es Terrace	Telephone (08) 9214 0400 Fax: (08) 9226 0577 Email: weec-∰waec.wa.gov.au					
	F	OR OFFICE	USE ONLY				
Date received	9 / 10 /	08 Date	ntered in ENISW	١	11 11 1 08		
% first preference votes received	9.22%	reimb (as ca	on funding ursement amount loulated under se i., Electoral Act 19	ction	\$2,772.21		
Amount paid	\$2772.21	Date s	ent	1	2/12/02		