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19 JAN 2009

ACT ELECTORAL COMMISSION
Elections ACT



Registered political party annual return for the 2007/2008 financial year

This return covers the period:

1 / 07 / 07

to

30 / 06 / 08.

1/7/07 or the date the party became registered

30/6/08 or the date the party was deregistered

Please refer to the *Funding and financial disclosure handbook, Registered political parties* when completing this form.

The due date for lodging this return is Monday 20 October 2008

Enquiries and returns should be addressed to:

Postal Address: Elections ACT, PO Box 272, Civic Square ACT 2608

Physical Address: O'Connell Centre, Cnr Stuart Street & Blaxland Crescent, Griffith ACT 2603

Telephone: 6205 0224 Fax: 6205 0382 Email: elections@act.gov.au Website: www.elections.act.gov.au

Party details

Name of party:

AUSTRALIAN MOTORIST PARTY

Postal address:

P.O. Box 580 Fyshwick ACT

Postcode: 2609

Reporting agent's details

Name of reporting agent:

JOHN BOSS REID

Postal address:

16/64 WATTLE ST

LYMEHAM ACT

Postcode: 2602

I certify that the information contained in this return and its attachments is true and complete.

Agent's signature:

16 / 11 / 09

Payments

3. Total payments this financial year

\$ 900-00

This total includes all payments by the party.

Importantly:

- payments of all party units must be included in the total;
- all transactions, including those of less than \$1500, must be included in the total;
- no category of payments to be excluded (for example, wages and salaries are included); and
- all figures must be gross.

Outstanding debts as at 30 June

4. Total debts as at 30 June

\$ Nil

This total includes all debts, overdrafts and unpaid accounts of the party.

Importantly:

- debts of all party units must be included in the total;
- all debts, including those of less than \$1500, must be included in the total;
- no category of debt is to be excluded; and
- all figures must be gross.

5. Persons and organisations to whom \$1500 or more is owed

In the table below, list the name, address and the total amount outstanding for those persons and organisations to whom \$1500 or more is owed. All amounts must be included when determining if the threshold has been reached.

Name	Address	Amount Owed
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

If space is insufficient please attach additional sheets

