



Audit Certificate

ditor details					
Miss	Ms Mrs	Mr X Dr		Auditor Number	r 497855
Surname			Given Name(s)		
Greene			Stephen Chris	stopher	
Address					
Street Leve	el 1, 200 Mary Street	t			
Suburb Brish	oane City		State Q	(LD F	Postcode 4 0 0
turn details					
Lodging entity	United Workers U	nion			
Type of return	Associated Entity				
Return period	01/01/2021 - 30/	06/2021			
claration & A	cknowledgement				
 I was given return or clathe return of the return of I have exan certificate; I have receipted in the return of the return o		easonable times to the a ty, candidate or group re cuments referred to in the explanations I have ask	accounts and docume elating directly or indine previous paragraph	irectly to a matter	r required to be disclosed in ed material for giving the
Nil					
	ast 10 years, I have not bee ason to think any statemen	~			
contraventi the Electora	g out an audit to prepare th	t entity, candidate or gre tice of the matter (section	oup, I must, within 7 on 130ZW).	days after becom	ning aware of the matter, give

Signature

Enquiries and lodgement to: Funding, Disclosure and Registration Branch Electoral Commission South Australia GPO BOX 646 Adelaide SA 5001

08 7424 7400

08 7424 7444

ecsa.fad@sa.gov.au

27 July 2021

Date

Telephone:

Fax:

Email: