



## **Audit Certificate**

Auditor details						
Miss	Ms Mrs	Mr X Dr		Auditor Number	491589	
Surname			Given Name(s)			
O'Connor			Matthew			
Address						
Street Lev	Street Level 3, 153 Flinders Street					
Suburb Ade	elaide		State	SA Po	ostcode 5 0 0 0	
Return details						
Lodging entity Transport Workers Union SA/NT Branch						
Type of return	Associated Entity Return					
Return period	01/07/2022 - 31	/12/2022				
Declaration & A	cknowledgement					
<ul> <li>I was given return or clather return or clather return or I have examore certificate;</li> <li>I have receit</li> </ul>		reasonable times to the ity, candidate or group ocuments referred to in d explanations I have as	e accounts and docur relating directly or ind the previous paragrap	directly to a matter r	required to be disclosed in material for giving the	

- Within the last 10 years, I have not been a member of a registered political party.
- I have no reason to think any statement in the declaration is not correct.

## I acknowledge that:

- If, in carrying out an audit to prepare this certificate, I have become aware of a matter that is reasonably likely to constitute a contravention of Part 13A by a relevant entity, candidate or group, I must, within 7 days after becoming aware of the matter, give the Electoral Commissioner written notice of the matter (section 130ZW).
- Knowingly providing false or misleading information in a material particular is an offence (section 130ZZE(3)).

Signature

Date

Telephone:

Fax:

Email:

30/01/2023

**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