



Audit Certificate

Auditor details							
Miss	Ms Mrs	Mr X Dr		Auditor Number	er 475951		
Surname			Given Name(s)				
COLQL	JHOUN		JON				
Address							
Street HLE	3 MANN JUDD 1	69 FULLARTON	RD				
Suburb DU	LWICH		State	SA	Postcode 5	0 6 5	;
_			_	_	_		
Return details							
Lodging entity	THE AUSTRALIAN WORKERS' UNION SA BRANCH						
Type of return	ASSOCIATED	ENTITY					
Return period	1 JANUARY 20	23 - 30 JUNE 20	23				
Declaration & A	cknowledgement						
 I was given 		nder the Corporations Act	accounts and doo	•	•		

- the return or claim.
- I have examined the accounts and documents referred to in the previous paragraph that I considered material for giving the
- I have received all the information and explanations I have asked for in relation to any matter required to be stated in the certificate, subject to the following qualifications:

NIL

- 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	2 Cape	Date	26/07/2023	
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Telephone:

Fax:

Email:

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