

## **Audit Certificate**

Auditor details								
Miss	Ms Mrs	Mr X	Dr		Auditor Numb	<sup>per</sup> 211664		
Surname				Given Name(s	)			
Shields			Peter					
Address								
Street 20 A	Albert Street							
Suburb Blac	ckburn			State	VIC	Postcode 3	1 3 0	
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Return details								
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Lodging entity	Australian Nursing and Midwifery Federation (SA Branch)							
Type of return	Third Party Return  Third Party Return							
Return period	Return period 1 July 2023 - 31 December 2023							
Declaration & A	cknowledgem	ent						
l do alovo thout								
I declare that:  I am a regis	tered company au	ditor under the Corp	orations Act 2	2001.				
<ul> <li>I was given full and free access at all reasonable times to the accounts and documents of the agent responsible for giving the return or claim and of the relevant entity, candidate or group relating directly or indirectly to a matter required to be disclosed in</li> </ul>								
the return o	r claim.	·			•	·		
<ul> <li>I have examined the accounts and documents referred to in the previous paragraph that I considered material for giving the certificate;</li> </ul>								
<ul> <li>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:</li> </ul>								
N/A								

- 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 this 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

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Date

5 February 2024

## **Enquiries and lodgement to:**

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

Telephone: Fax: Email: 08 7424 7400 08 7424 7444 ecsa.fad@sa.gov.au