# Loans, grants and donations exceeding \$1,000 for financial year ending 30/06/2018

Please refer to section 237 of the *Fair Work (Registered Organisations) Act 2009* when completing this form. A statement lodged with the ROC under subsection (1) may be inspected, during office hours, by a member of the organisation concerned. Use of this form is optional.

#### **Organisation details**

Name of organisation including division or branch

Motor Trades Association of Queensland Industrial Organisation of Employers

Postal A	Address
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PO Box 4530

Eight Mile Plains Qld

Postcode 4123

## Details of officer signing the statement

Name		
Paul Peterson		
Name of office held in organisation	ation	
Secretary		
(The person signing the statement must b Postal Address	e an office-holder of the organization	
PO Box 4530		
10 D0x 4350		
Eight Mile Plains Qld		Postcode 4123
0		
Telephone number (BH)	Facsimile number	Email
(0411) 747 700	(07) 3844 4488	paulp@promotorcycles.com.au
(0+11) /+/ /00	(07) 5011 100	paurp e promotore yeles.com.at

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

Signature	
MA.	



An organisation must lodge this statement within 90 days of the end of its financial year.

# LOANS, GRANTS AND DONATIONS EXCEEDING \$1,000 MADE BY ORGANISATION

## LOANS

Name of Recipient of Loan	Address	Amount	Purpose for which loan required	Security given in relation to loan	Arrangements for repayment of loan
Nil					

*Note:* where a loan is made to relieve a member or dependant of a member from severe financial hardship, the name and address and particulars of arrangements for repayment need not be stated.

### GRANTS

Name of Recipient of Grant	Address	Amount	Purpose of Grant
Nil			

Note: where a grant is made to relieve a member or dependant of a member from severe financial hardship, the name and address need not be stated

## DONATIONS

Name of Recipient of Donation	Address	Amount	Purpose of Donation
Nil			

*Note:* where a donation is made to relieve a member or dependant of a member from severe financial hardship, the name and address need not be stated.