

## **Audit Certificate**

Auditor details	
Miss Ms Mrs Mr X Dr Auditor Number 310046  Surname Given Name(s)	
GOSNOLD  Address Street C/- BDO Level 7, 420 King William Street  Suburb Adelaide State SA Postcode 5 0 0	0
Return details	
Lodging entity Ambulance Employees Association of South Australia  Type of return Third Party Return  Return period 1 July 2020 to 30 June 2021	
<ul> <li>I declare that:</li> <li>I am a registered company auditor under the <i>Corporations Act 2001</i>.</li> <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 the return or claim.</li> <li>I have examined the accounts and documents referred to in the previous paragraph that I considered material for giving the certificate;</li> <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>	
<ul> <li>Within the last 10 years, I have not been a member of a registered political party.</li> <li>I have no reason to think any statement in the declaration is not correct.</li> <li>I acknowledge that:</li> <li>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).</li> <li>Knowingly providing false or misleading information in a material particular is an offence (section 130ZZE(3)).</li> </ul>	Э
Signature Paulgarald Date 15 November 2021	

**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

Telephone:

Fax:

Email: