

Audit Certificate

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Miss	Ms	Mrs	Mr X	Dr		Auditor Nu	mber 774	166
Surname					Given Name(s)			
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Address								
Street	First Floor, 19	Sturt Stree	t					
Suburb	Adelaide				State	SA	Postcode	5 0 0 0
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Lodging	entity Sa	ru Rana						
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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