



Audit Certificate

Auditor details
Miss Ms Mrs Mr X Dr Auditor Number 309266 Surname Given Name(s) READE ALEX Address Street LEVEL 5, 80 FLINDERS STREET
Suburb ADELAIDE State SA Postcode 5 0 0 0
Return details
Lodging entity SAM DULUK
Type of return CAPPED EXPENDITURE PERIOD RETURN
Return period 01/07/2021 - 18/04/2022
I declare that:
 I have examined the accounts and documents referred to in the previous paragraph that I considered material for giving the certificate; 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:
 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 Date 21 June 2022

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:

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