

Audit Certificate

Auditor details					
Miss Surname Mizael	Ms Mrs Mr	. X Dr	Given Name(s) Ryan	Auditor Numbe	er 425093
Address Street 70 Ya Suburb Heide	rra Street lberg		State	VIC	Postcode 3 0 8 4
Return details					
Lodging entity Type of return Return period	Emily's List (Australia) Inc Associated Entity Return 17/4/2018 - 30/6/2016				
I declare that:	cknowledgement ered company auditor under th	ne Corporations Act	2001.		
 I was given return or clather return o I have examour certificate; I have receit 	full and free access at all reaso im and of the relevant entity, ca	nable times to the a andidate or group re ents referred to in the anations I have aske	ccounts and doculating directly or in	ndirectly to a matte	er required to be disclosed in ed material for giving the
None					
 I have no re I acknowledge the If, in carrying contravention the Electora 	ast 10 years, I have not been a rason to think any statement in that: g out an audit to prepare this can of Part 13A by a relevant ent I Commissioner written notice or providing false or misleading info	this declaration is no ertificate, I have bec ity, candidate or gro of the matter (sectio	ot correct. come aware of a moup, I must, within in 130ZW).	natter that is reasor 7 days after becor	ming aware of the matter, give
Signature	Name -			Date	10/10/2018

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

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