

## **Audit Certificate**

Auditor details						
Miss Number Surname GOSNOLD	Ms Mrs	Mr X Dr	Given Name(s) PAUL	Auditor Numb	er 310046	
Address Street C/- BDO Level 7, 420 King William Street Suburb Adelaide			State	SA	Postcode 5 0 0 0	
Return details  Lodging entity  Type of return  Return period	Lodging entity Ambulance Employees Association of South Australia  Type of return Third Party Annual Political Expenditure Return					
<ul> <li>I declare that: <ul> <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> </ul> </li> </ul>						
<ul> <li>I have receive certificate, s</li> <li>Within the la</li> </ul>	ved all the information and subject to the following qu ast 10 years, I have not be ason to think any stateme	alifications: en a member of a regis	tered political party		red to be stated in the	
contraventic the Electora • Knowingly p	g out an audit to prepare t	nt entity, candidate or gotice of the matter (sect	roup, I must, withir ion 130ZW).	7 days after beco	nably likely to constitute a ming aware of the matter, give 30ZZE(3)).	

**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

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