

## **Audit Certificate**

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Miss	Ms Mrs	Mr 🗸	Dr		Auditor Numbe	er 359162	
Surname			Giv	ven Name(s)			
Manos				Con			
Address							
	4 Glen Osmond I	Road					
				State S	٨	Postcode 5 0	6 4
Suburb M	lyrtle Bank			State 3.	A	Postcode 3 0	0 4
turn details							
Lodging enti	ty SA-BEST Inc	•					
Type of retur	n Political Part	y Return					
Return perio	d 01/01/2019 to	o 30/06/2019					
						_	
claration &	Acknowledgeme	ent					
I declare that:	-:		ti A-t 0001				
<ul> <li>I was giv</li> </ul>	gistered company audi en full and free access	at all reasonable t	imes to the accou	ints and docur			
	claim and of the relevant or claim.	·		-	•	·	osea in
	amined the accounts a	and documents ret	errea to in the bre				<b>.</b>
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**Enquiries and lodgement to:** Funding, Disclosure and Registration Branch Electoral Commission South Australia GPO BOX 646 Adelaide SA 5001

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