



## **Audit Certificate**

Auditor details																			
	iss urname Pozza	M:	s	M	rs		Mr	x	Dr		<sup>en Name</sup> Damie	` '	Auditor Num	ber	438	888	3		
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L Ţ	odging ent oppe of retu	tity	Ass	socia	ted	Enti	ty R	Unior eturn 2023		IT B	ranch								
	<ul> <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>																		
<ul> <li>Within the last 10 years, I have not been a member of a registered political party.</li> <li>I have no reason to think any statement in the declaration is not correct.</li> <li>I acknowledge that:</li> <li>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).</li> <li>Knowingly providing false or misleading information in a material particular is an offence (section 130ZZE(3)).</li> </ul>																			

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

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