



Audit Certificate

ditor details Miss	Ms Mrs Mr a Dr Auditor Number 359162
Surname	Given Name(s) Con
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Address	
Street 314	Glen Osmond Road
Suburb Myr	tle Bank State SA Postcode 5 0 6 4
eturn details	
turii detalis	
Lodging entity	SA-Best Inc.
Type of return	Political Party Return
Return period	01/01/2024 to 30/06/2024
eclaration & Ac	cknowledgement
 I was given freturn or claithe return or I have examicertificate; I have receiv 	tered company auditor under the <i>Corporations Act 2001</i> . full and free access at all reasonable times to the accounts and documents of the agent responsible for giving the im and of the relevant entity, candidate or group relating directly or indirectly to a matter required to be disclosed in relaim. ined the accounts and documents referred to in the previous paragraph that I considered material for giving the red all the information and explanations I have asked for in relation to any matter required to be stated in the subject to the following qualifications:
Within the la	e no qualifications to report. ast 10 years, I have not been a member of a registered political party.
I acknowledge that If, in carrying	ason to think any statement in the declaration is not correct. at: g out an audit to prepare this certificate, I have become aware of a matter that is reasonably likely to constitute a on of Part 13A by a relevant entity, candidate or group. I must, within 7 days after becoming aware of the matter, give

Enquiries and lodgement to: Compliance Branch

Signature

GPO BOX 646 Adelaide SA 5001

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)).

Telephone: 08 7424 7400 Fax: 08 7424 7444 Email: ecsa.fad@sa.gov.au

30/07/2024

Date