



Audit Certificate

ditor details							
Miss	Ms Mrs	Mr a	Dr		Auditor Numb	er 359162	
Surname				Given Name(s)	1		
Manos				Con			
Address Street 314	Glen Osmond	Road					
		rtoud				66	
Suburb Myrtle Bank			State	SA	Postcode 5 0	6 4	
turn details							
Lodging entity	SA-Best Inc.						
Type of return	Political Party Return						
Return period	01/07/2024 to) 31/12/20:	24				
						_	
claration & Ac	cknowledgement						
 I was given in return or clathe return or I have examovertificate; I have received 	im and of the relevant ϵ claim.	all reasonable ting entity, candidate documents refeated and explanation	mes to the are or group re	accounts and doc elating directly or e previous parag	indirectly to a matt	nt responsible for giving er required to be discloured material for giving the ired to be stated in the	sed in
There are	e no qualification	ns to repor	rt.				
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contraventio	g out an audit to prepar	vant entity, can	didate or gro	oup, I must, within		onably likely to constitutioning aware of the mate	

Knowingly providing false or misleading information in a material particular is an offence (section 130ZZE(3)).

Enquiries and lodgement to: Compliance Branch

Signature

Electoral Commission South Australia GPO BOX 646 Adelaide SA 5001

Zon lear

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

28/01/2025

Date