



Audit Certificate

Miss	Ms	Mrs	Mr X	Dr		Auditor	Number 5	548			
Surname Selth					Given Name(s) Robert Ja						
Address Street Cle	land McF	arlane Se	elth Charter	ed Acco	untants, Lev	el 4, 190	Flinders Str	eet			
Suburb ADE	ELAIDE				State	SA	Postcoo	de 5	0	0	0
urn details											
		Club Line	ited								
Lodging entity	Liberal	Club Lim	CONTROL DATE OF ALL PROPERTY								
		ated Entit									
Lodging entity Type of return Return period	Associ	ated Entit		2019							

• I have received all the information and explanations I have asked for in relation to any matter required to be stated in the certificate, subject to the following qualifications:

No Qualifications

- Within the last 10 years, I have not been a member of a registered political party.
- I have no reason to think any statement in the declaration is not correct.

I acknowledge that:

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

Signature

Date

30/07/2019

Enquiries and lodgement to:

Funding, Disclosure and Registration Branch Electoral Commission South Australia GPO BOX 646 Adelaide SA 5001

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



Associated Entity Return

Associated entity details		
Financial Controller*		
Loretta Sist		
Associated Entity*		
Liberal Club Limited		
The second of the common terms of the common t		
Associated Registered Political Parties*	• • • • • • • • • •	
Liberal Party of Australia (SA Division)		
Reporting Period		
Reporting Period		
01/01/2019 - 30/06/2019		
Return period commences		
01/01/2019		
Return period concludes		



Receipts



Return summary

Receipts

Amount

\$0.00

Receipts Reported

0

Under Threshold Amount

\$52,986.8

Total Amount

\$52,986.80

Incomplete submission

____ would like to submit this form incomplete*