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Date	Purpose	Name and Address of Recipient	Expenditure or Contribution Amount
		TOTAL	

I certify that this is a full and true statement	Stua Van Asten	10/1/24
	Signature	Date
Printed Name Sara Van Asten	Telephone 612-801-6833	Email (if available) Saraken Asken 464 @
Address 16100 S Diamond Lake	Rd Daybon MN 553	gmaile
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