		PAIGN FINA				
		he information in this	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	nation)		
	e, committee or corpora	tion FARIBAL		YES_		
Office sought or b	allot question LEUY	OVESTIDAS	5 1,2 \$ 3	District	_656_	***************************************
Type of _report _	Candidate report Campaign committee report Association or corporation report			Period of time covered by report:		
	Final r	. 1	from 12/1/22 to 1/81/23			
(money or in-kind) : contributions from	II contributions received d ather than contributor. Se a single source that exceed -employed, amount and da	ee note on contribution ed \$100 during the cal	me covered by this re n limits on the back of lendar year. This item	f this form. Us	e a separate sh	eet to itemize all
CASH	\$\$		TOTAL CASH-O	N-HAND	\$ ¢	5
IN-KIND	+ Š					
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I certify that this is a full and true statement.	Agentin and the second		
bi	Signature	Date	
Printed Name TRANS MC Colley	Telephone <u>507-412-94</u>	Email (if available) TRAVIS (1)	18 m - Solutions
Address 1509 SUNBIRD L	ANE, FARIBAL	LT MN 5502.)	
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