	CAMPAIGN FINANCIAL (All of the information in this report is publ	
Name of candidate com	d A maranta	auson
Office sought or ballot q	A / 5	District
Type of report	Candidate report Campaign committee report Association or corporation report Final report	Period of time covered by report: from 1-30-2024
(money or in-kind) rather t contributions from a single	CONTRIBUTIONS RECEIN ibutions received during the period of time covered be han contributor. See note on contribution limits on the source that exceeded \$100 during the calendar year. I yed, amount and date for these contributions.	by this report. Contributions should be listed by type a back of this form, Use a separate sheet to itemize all
or occupation it sen comple	yeu, amount and date for these contributions.	
CASH	- Company of the Comp	CASH-ON-HAND \$
	- Company of the Comp	CASH-ON-HAND \$
CASH	\$ TOTAL	CASH-ON-HAND \$
CASH IN-KIND TOTAL AMOUNT RECEIV	\$ TOTAL + \$ ED = \$ DISBURSEMENTS e and purpose for all disbursements made during	
CASH IN-KIND TOTAL AMOUNT RECEIV Include the amount, dat Attach additional sheets	\$ TOTAL † \$ ED = \$ DISBURSEMENTS e and purpose for all disbursements made during if necessary. Purpose	the period of time covered by report. Amount
Include the amount, dat Attach additional sheets Date 9-4-2024	\$ TOTAL + \$ BD = \$ DISBURSEMENTS e and purpose for all disbursements made during if necessary. Purpose	the period of time covered by report. Amount 1.086.84
Include the amount, dat Attach additional sheets Date 9-4-2024 9-6-2024	\$ TOTAL † \$ ED = \$ DISBURSEMENTS e and purpose for all disbursements made during if necessary. Purpose	the period of time covered by report. Amount 1.086.84 9,15
Include the amount, dat Attach additional sheets Date 9-4-2024	\$ TOTAL + \$ BD = \$ DISBURSEMENTS e and purpose for all disbursements made during if necessary. Purpose	the period of time covered by report. Amount 1.086.84

Corporations must list any more than \$200. Submit a separate report for each project. Attach additional sheets if necessary.

oject title or descript	ion				
Date	Purpose	Nar	me and Address	Expenditure or	
	,		of Recipient		
	***************************************	Α		Amount	
		/	Δ		
			TOT.	AL	
(FT/S			1111/1		
certify that this is a full and true statement.		10	/	9-25-2024	
1		∮ignatu	ire	Date	
Printed Name JAY Telephone 163-631-8545 Email (If available) Address 27709 11254 57 Zashmiffman Mw 55398					
dress 2770	7 11255	Zannite	enal Mas	55398	