LATE CONTRIBUTIONS – 24 HOUR REPORT

Name of Filing Committee or Candidate Friends of Jezew Bayon	Filer Identification Number							
TREAS OF DELEM ISTUDGE				DATE RECEIVED				
Full Name of Contributor				мо	DAY	YEAR		
CHANCES and RUM Marcon				05	19	2025		
Mailing Address 326 N 23th ST				Amount \$ 100	0 00			
City Accorrowr	State	Zip Code (Plus 4)						
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Full Name of Contributor				Mo	11. CH	YEAR		DI
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City	State	Zip Code (Plus 4)		Amount 5		-		1
								-
Name of Person Submitting Report:	JENEMY !	BANDER		_ Date of R	eport: <u>I</u>	15/25		
Contact Phone Number:	610 4m 530	3		- :				
Email Address:	JEARN OR	WOLLEN COUNCIL . COM	an					