	1Am S. CLIFFORD MD Candidate DRGRY LAVE GARDON (ddress (number and street)	State Kepre Office Sough	t Dist	trict
/02 Z	DRUPY LAVE GARDON (- /		
Mailing A		City	KS 678	746
	ddress (number and street)	City	State Zip C	ode
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	Name and Address of Contributor	Occupati Individual Co		INÍ
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"I declare that this report, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor."

Date

Signature of Candidate or Tressmer

Received Time Jul. 27. 2022 4:41PM No. 2134