Date	Purpose	Name and Address	Expenditure or
		of Recipient	Contribution
			Amount
		TOTAL	
ertify that this is a	a full and true statement.		7/30/20
crary that this is t	randra trae statement.	Signature	Date
inted Name A	hel Brito Te	Signature elephone 323-603-871/Email (if avail hester MN 55904	able)abelbward4@gm
	846 St SF ROV	hoster MII 55904	usic <u>joene in t</u>
Idress 513	0101 < 11 < < > > > > > > > > > > > > > > >	20316 100 00 1111	

## Contributions Received for Abel Brito

	Home Choice	513 8th Street SE Rochester MN 55904	Brito	Abel	Various
Amoun	Occupation/Employer	Address	Last Name	First Name	Date