



**INCARICHI CON ONERI A CARICO DELLA FINANZA PUBBLICA**

*alla data della presente dichiarazione, con indicazione del compenso stimato per l'anno in corso*

Denominazione Incarico	Compenso annuo
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**ASSOCIAZIONI CUI SI È ISCRITTI (facoltativo)**

Denominazione	Dal	al
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Data 15/10/2024

*Firma della dichiarante in digitale*