CAMPAIGN TREASURER'S REPORT - FUND TRANSFERS

(1) Name Kevin Anderson Campaign (2) I.D. Number 00000

(3) Cover Period 05/01/2020 - 05/31/2020 (4) Page 0 of 0

(5) Date / (6) Sequence Number	(7) Name of Financial Institution Street Address & City, State, Zip Code	(8) Transfer Type	(9) Nature of Account	(10) Amendment	(11) Amount
	Nothing to report on this form				

This form is based on DS-DE 13A (Rev. 11/13)