CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

(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) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Related Expenditures	(10) Amendment	(11) Amount
	Nothing to report on this form				

This form is based on DS-DE 14A (Rev. 08/03) [Note about Committees has been removed.]

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