## For Office Use Only:

(All of the information in this report is public information) Name of candidate, committee or corporation THE ANDERSON VOLUNTEER Office sought or ballot question MAYOR OF MEDINA District Type of Candidate report Period of time covered by report: report Campaign committee report Association or corporation report Final report **CONTRIBUTIONS RECEIVED** Give the total for all contributions received during the period of time covered by this report. Contributions should be listed by type (money or in-kind) rather than contributor. See note on contribution limits on the back of this form. Use a separate sheet to itemize all contributions from a single source that exceeded \$100 during the calendar year. This itemization must include name, address, employer or occupation if self-employed, amount and date for these contributions. **CASH TOTAL CASH-ON-HAND** IN-KIND **TOTAL AMOUNT RECEIVED DISBURSEMENTS** Include the amount, date and purpose for all disbursements made during the period of time covered by report. Attach additional sheets if necessary. Date **Purpose Amount**  $\mathcal{O}$ **TOTAL CORPORATE PROJECT EXPENDITURES** Corporations must list any media project or corporate message project for which contribution(s) or expenditure(s) total more than \$200. Submit a separate report for each project. Attach additional sheets if necessary. Project title or description Date Purpose Name and Address Expenditure or of Recipient Contribution **Amount** TOTAL I certify that this is a full and true statement. Vatricia . anderson Signature Printed Name ATRICIA F. ANDRESCHONORE 6/2-7/5-/356 Email (if available)

**CAMPAIGN FINANCIAL REPORT**