Name of candidate, committee or corporation Committee to Elect Diane Anderson

| Office sought or ballot question Dakota County Commissioner |
| :--- |
| Type of <br> report |$\quad$| Candidate 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.


## 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 |
| :---: | ---: | ---: |
| $12-16-20$ | Website | 85.00 |
|  |  |  |
|  |  |  |
|  |  | TOTAL |
|  |  | 85.00 |

## CORPORATE PROJECT EXPENDITURES

Corporations must list any media project or corporate message project for which contributions) or expenditures) 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 <br> of Recipient | Expenditure or <br> Contribution <br> Amount |
| :---: | :---: | :---: | :---: |
|  |  |  |  |
|  |  |  |  |
|  |  | TOTAL |  |

I certify that this is a full and true statement. $\qquad$ Telephone 651-688-9461 Email (if available) $\qquad$ Printed Name Diane Anderson $\qquad$ Address 4295 Eagle Crest Dr, Eagan. MN 55122 Email: Diane 2 Dianeforcc.org

