# CAMPAIGN FINANCIAL REPORT

*(All of the information in this report is public information)*

Name of candidate, committee or corporation Ellayne Conyers

Office sought or ballot question City Council District

Type of report
- ____ Candidate report
- ____ Campaign committee report
- ____ Association or corporation report
- X Final report

Period of time covered by report: from ~~8-15~~ 8-8 to 11-15

2016

## 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 $ 0

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* |
|---|---|---|
| 8-8-16 | Filing fee | $5.00 |
| 11-2-16 | newspaper ads | ~~$2~~ $162.34 |
| | | |
| | | |
| | **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 of Recipient* | *Expenditure or Contribution Amount* |
|---|---|---|---|
| | | | |
| | | | |
| | | **TOTAL** | |

I certify that this is a full and true statement. Ellayne Conyers

Signature Date

Printed Name Ellayne Conyers Telephone 552-6835 Email (if available) _____

Address 111 S. High St Marshall

*For Office Use Only:* Name Office Report