	ge of
Name of Candidate or Committee through through	
A. Source: Corporation PAC Individual Loan	
Other (please specify)	Date (Mo., Day, Year)
Full name	/
Mailing Address	Estimated
City, State, Zip Code	Amount of In-Kind Contribution*
Name of Employer (Required)	\$
Occupation (Required)	
In-Kind Description:	
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)
Full name	//
Mailing Address	Estimated
City, State, Zip Code	Amount of In-Kind
	Contribution*
Name of Employer (Required)	\$
Occupation (Required)	
In-Kind Description:	
* De not all actions of the bind and that is the start and a second of and that is a	Denoted of Descints

^{*} Do not add estimated amount of in-kind contribution into total amount of contributions on Report of Receipts and Disbursements.