

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED RECEIPTS – IN-KIND CONTRIBUTIONS

A. Source: Corporation PAC Individual Loan		Date (Mo., Day, Year)
Other (please specify) _____		
Full name		___ / ___ / ___
Mailing Address		Estimated Amount of In-Kind Contribution*
City, State, Zip Code		
Name of Employer (Required)		\$
Occupation (Required)		

In-Kind Description:

B. Source: Corporation PAC Individual Loan		Date (Mo., Day, Year)
Other (please specify) _____		
Full name		___ / ___ / ___
Mailing Address		Estimated Amount of In-Kind Contribution*
City, State, Zip Code		
Name of Employer (Required)		\$
Occupation (Required)		

In-Kind Description:

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