

Name of Candidate or Committee \_\_\_\_\_

Reporting period \_\_\_\_\_ through \_\_\_\_\_

**ITEMIZED CONTRIBUTIONS – 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.