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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number ___

	CANDIDATE O	OMN	IIT	Z. Committee Name				
Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution			4. Type of In-Kind Contribution (Check applicable box)			7. Amount or Fair Market Value	8. Cumulative	
			5. Date of Receipt6. Name & Address of Vendor from whom goods or services were purchased					for Election Cycle (Through
is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.						date in Item 5)		
Contribution # 1 Name & Address:	PAC Receipt?	Yes	4.	Endorsement or Guarantee of Bank Loan				
				Goods Donated or Loaned Services Donated	•			
				Goods or Services Purchased by Candidate or Others	\$		\$_	
				Goods or Services Purchased by Candidate or Others-	LOAN			
If over \$100.00 cumulative, please provide: Occupation:			Des	scription				
Employer Name & Business Address:			5.	Date Of Receipt:				
			6.	Vendor Name & Address:				
Fund Raiser Co	ontribution					_		
Contribution # 2 Name & Address	PAC Receipt?	Yes	4.	Endorsement or Guarantee of Bank Loan		_		
				Goods Donated or Loaned Services Donated				
				Goods or Services Purchased by Candidate or Others	\$		\$	
				Goods or Services Purchased by Candidate or Others-	LOAN			
If over \$100.00 cumulative, please provide:			De	escription				
Occupation:		5.	Date Of Receipt:					
Employer Name & Address:			6. Vendor Name & Address:					
Fund Raiser Co	ntribution							
Contribution #3	PAC Receipt?	Yes	4.	Endorsement or Guarantee of Bank Loan				
Name & Address:	·			Goods Donated or Loaned Services Donated	\$		\$	
				Goods or Services Purchased by Candidate or Others			_	
				Goods or Services Purchased by Candidate or Others-	ΙΟΔΝ			
If over \$100.00 cun	nulative, please provi	de:	_					
Occupation:			Description					
Employer Name & Address:				Date Of Receipt:				
			6.	Vendor Name & Address:				
Fund Raiser Cor	ntribution	_	_			1		
				Page	Subtotal			
				Grand Total of all Scheo (Complete on last page of S				
				(1 113333	- /	L		

Enter this total on line 6 of Summary

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COMPLETING CANDIDATE COMMITTEE SCHEDULE 1-IK, ITEMIZED IN-KIND CONTRIBUTIONS

ITEM 3: CONTRIBUTOR'S NAME AND ADDRESS: If the in-kind contribution is from an individual, please enter last name first. If the contribution is from a Political Committee or an Independent Committee, check the "PAC Receipt? "Yes" box. If the contribution is from any other source, leave the box unmarked. CONTRIBUTOR'S OCCUPATION, EMPLOYER, AND BUSINESS ADDRESS: Complete this item only if the cumulative value of in-kind and direct contributions from the contributor exceeds \$100.00 in a calendar year. If the in-kind contribution is received in relation to a fund raising event, check the "Fund Raiser" Box.

ITEM 4: TYPE OF IN-KIND CONTRIBUTION: Check one of the five indicated categories for each in-kind contribution. **DESCRIPTION:** Enter a brief description of each in-kind contribution that identifies the goods or services contributed.

ITEM 5: DATE OF RECEIPT: Enter the date the in-kind contribution was received. The date entered must be within the period covered by the Campaign Statement.

ITEM 6: VENDOR NAME AND ADDRESS: If the in-kind contribution consists of goods or services purchased on behalf of the committee by another person, enter the name and address of the vendor or person where the goods or services were purchased.

ITEM 7: AMOUNT: Enter the fair market value of the contribution; if the contribution was purchased, enter the purchase price.

ITEM 8: CUMULATIVE FOR ELECTION CYCLE: Add the value of the in-kind contribution to other contributions made by the same contributor during the election cycle. The contributions are cumulative in date order.