



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 3-IK
POLITICAL PARTY COMMITTEE**

1. Committee I. D. Number _____

2. Committee Name _____

3. If contribution is from an individual enter last name first. Check box to indicate if contribution is from a Political Committee or Independent Committee (PAC). Report <u>all</u> in-kind contributions regardless of amount.	4. Type of In-Kind Contribution	7. Amount or Fair Market Value	8. Cumulative for Calendar Year (Through date in Item 5)
Contribution # 1 PAC Receipt? YES Name & Address: _____	4. Loan endorsement or guarantee Goods Donated or Loaned Services Donated \$ _____ \$ _____ Goods or Services Purchased by Others Goods or Services Purchased by Others - LOAN		
If over \$100.00 cumulative, please provide: Occupation: _____ Employer Name & Address: _____	Description _____ 5. DATE OF RECEIPT: _____ 6. VENDOR NAME & ADDRESS: _____		
Contribution # 2 PAC Receipt? YES Name & Address: _____	4. Loan endorsement or guarantee Goods Donated or Loaned Services Donated \$ _____ \$ _____ Goods or Services Purchased by Others Goods or Services Purchased by Others - LOAN		
If over \$100.00 cumulative, please provide: Occupation: _____ Employer Name & Address: _____	Description _____ 5. DATE OF RECEIPT: _____ 6. VENDOR NAME & ADDRESS: _____		
Contribution # 3 PAC Receipt? YES Name & Address: _____	4. Loan endorsement or guarantee Goods Donated or Loaned Services Donated \$ _____ \$ _____ Goods or Services Purchased by Others Goods or Services Purchased by Others - LOAN		
If over \$100.00 cumulative, please provide: Occupation: _____ Employer Name & Address: _____	Description _____ 5. DATE OF RECEIPT: _____ 6. VENDOR NAME & ADDRESS: _____		

Page Subtotal

Grand Total of all Schedules 3-IK
(Complete on last page of Schedule)

**COMPLETING POLITICAL PARTY COMMITTEE SCHEDULE 3-IK, ITEMIZED IN-KIND
CONTRIBUTIONS**

Item 3: CONTRIBUTOR'S NAME. For individuals, enter the contributor's last name, first name and middle initial (if any), street address. If the individual's cumulative contributions for the calendar year (through the date of this contribution) exceed \$100.00, also enter the name of the contributor's employer, the individual's occupation and the address of their principal place of business. For a committee, group, business, firm or any other type of organization, report the name, address. If you have confirmed that a business is not incorporated, use the occupation/employer space to indicate "Not incorporated." For a committee (Candidate, Political, Independent or Political Party), report the committee name, treasurer's name, and committee address. Do not enter the name of the person who signed the check if other than the treasurer. If the contribution is from a Political or Independent Committee, check the box to indicate that it is a "PAC Receipt." If the contribution is from any source that is not a Political or Independent Committee, leave the box unmarked.

MEMO ITEMIZATION: For a partnership or limited liability company that has requested attribution to individual partners or members report the individuals' names and street addresses with their proportion of the contribution. Do not report the name of the partnership or company. For a person or group that is not a registered committee, or if the contribution is from an out-of-state committee that is not registered in Michigan, report the name and address of the contributing group or committee on Schedule 3-IK with the notation "Memo Itemization Below" written above the name of the contributor. In the spaces for the next contribution records immediately following this entry, enter the notation "Memo Itemization" and the name, street address, date and amount for each individual whose contribution was a part of the total contribution.

Item 4: TYPE OF CONTRIBUTION. Check one of the boxes to indicate the category of the in-kind contribution. Loan endorsement or guarantee (Use only for loans from financial institutions; place the name and address of the financial institution in the space provided for vendor name and address. Also complete the endorsement section of Schedule 3E, Debts and Obligations); Goods donated or loaned; Goods or services purchased by others (also complete vendor name and address); Goods or services purchased by others-Loan (also complete vendor name and address and Schedule 3E, Debts and Obligations). Provide a brief description of the goods or services in the space provided.

Item 5: DATE OF RECEIPT. Enter the date the contribution was received by the committee. *An in-kind contribution is considered to be received by the committee on the date the committee treasurer, designated record keeper or other person acting as an agent of the committee receives verbal or written notice from the contributor that the contribution has, in fact, been made.* The date must be within the coverage period of 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 from whom the purchase was made. If the in-kind contribution is the endorsement or guarantee of a loan from a financial institution, enter the name and address of the bank, savings and loan or credit union from which the loan was obtained.

Item 7: AMOUNT. Enter the fair market value of the contribution; if the goods or services were purchased, enter the purchase price.

Item 8: CUMULATIVE FOR THE CALENDAR YEAR. Enter the cumulative amount of all contributions from this contributor for the calendar year. Include all contributions received from the contributor through the date of this contribution, including direct and in-kind contributions.