



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number _____

CANDIDATE COMMITTEE

2. Committee Name _____

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
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Contribution # 1	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- LOAN
If over \$100.00 cumulative, please provide:			Description _____
Occupation:			5. Date Of Receipt: _____
Employer Name & Business Address:			6. Vendor Name & Address:
Fund Raiser Contribution			

Contribution # 2	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- LOAN
If over \$100.00 cumulative, please provide:			Description _____
Occupation:			5. Date Of Receipt: _____
Employer Name & Address:			6. Vendor Name & Address:
Fund Raiser Contribution			

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- LOAN
If over \$100.00 cumulative, please provide:			Description _____
Occupation:			5. Date Of Receipt: _____
Employer Name & Address:			6. Vendor Name & Address:
Fund Raiser Contribution			

Page Subtotal

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

Enter this total
on line 6 of Summary
Page

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.