



ITEMIZED IN-KIND EXPENDITURES

SCHEDULE 1B – IK

CANDIDATE COMMITTEE

1. Committee I. D. Number _____

2. Committee Name _____

3. Name and Address of person to whom goods or services were donated or transferred.	4. Type of In-Kind Expenditure (Check appropriate box and fill in description)	5. Date:	6. Fair Market Value
Expenditure #1 Name & Address:	4. Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable Institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description: _____	_____ Date	\$ _____
Expenditure #2 Name & Address:	4. Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description: _____	_____ Date	\$ _____
Expenditure #3 Name & Address:	4. Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description: _____	_____ Date	\$ _____
Expenditure #4 Name & Address:	4. Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description: _____	_____ Date	\$ _____
Expenditure #5 Name & Address:	4. Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description: _____	_____ Date	\$ _____

Page Subtotal

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

Enter this total
on line 7 of
the Summary
Page

CANDIDATE COMMITTEE SCHEDULE 1B-IK, ITEMIZED IN-KIND EXPENDITURES

ITEM 3: NAME AND ADDRESS OF PERSON OR ORGANIZATION TO WHOM THE GOODS OR SERVICES WERE DONATED OR TRANSFERRED: Enter the name and address of each person to whom goods or services were donated or transferred.

ITEM 4: TYPE OF IN-KIND EXPENDITURE: Check the appropriate box to indicate the type of donation or transfer that was made. If the type is not specifically listed on the form, specify the nature of the expenditure in the space provided.

ITEM 5: DATE: Enter the date on which the expenditure was made.

ITEM 6: AMOUNT: Enter the fair market value of the goods or services donated or transferred.