

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - PAC

1. Committee Name: _____
2. Reporting Period: Start Date: _____ End Date: _____
3. Total Itemized In-Kind Contributions From Preceding Page (Enter \$0 if first itemized page) \$ _____

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION. In-kind contributions totaling more than one hundred dollars (\$100) from any contributor during the period must be reported.

Business or Organization Name: _____ **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____
Employer: _____
Description of In-Kind Contribution: _____
Amount of Contribution: \$ _____ Date of Contribution: _____

Business or Organization Name: _____ **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____
Employer: _____
Description of In-Kind Contribution: _____
Amount of Contribution: \$ _____ Date of Contribution: _____

Business or Organization Name: _____ **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____
Employer: _____
Description of In-Kind Contribution: _____
Amount of Contribution: \$ _____ Date of Contribution: _____

Business or Organization Name: _____ **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____
Employer: _____
Description of In-Kind Contribution: _____
Amount of Contribution: \$ _____ Date of Contribution: _____

Total Itemized In-Kind Contributions: \$ _____

(Carry forward to the next page if additional pages of this form are used. If this is the last page of in-kind contributions, this amount must be shown in summary on first page.)