

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - PAC

1. NAME OF COMMITTEE			2. REPORT COVERING PERIOD		
			FROM:	TO:	
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount		
			4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)		
First Name	Middle Name	Description of In-Kind Contribution	Value of In-Kind Contribution		
Last Name/Organization Name					
Address					
City	State		Zip Code	Date of In-Kind Contribution	
Occupation					
Employer					
First Name	Middle Name	Description of In-Kind Contribution	Value of In-Kind Contribution		
Last Name/Organization Name					
Address					
City	State		Zip Code	Date of In-Kind Contribution	
Occupation					
Employer					
First Name	Middle Name	Description of In-Kind Contribution	Value of In-Kind Contribution		
Last Name/Organization Name					
Address					
City	State		Zip Code	Date of In-Kind Contribution	
Occupation					
Employer					
First Name	Middle Name	Description of In-Kind Contribution	Value of In-Kind Contribution		
Last Name/Organization Name					
Address					
City	State		Zip Code	Date of In-Kind Contribution	
Occupation					
Employer					
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS					
(Carry forward to item 3 of next page if additional pges of this form are used.) (If this is the last page of in-kind contributions, this amount must be shown in item 20.b. of summary.)					

