ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR	COMMITTEE					ERING THE PERIOD
					FROM:	TO:
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					e)	Amount
4. COMPLETE THE APPROPRIAT	E ITEMS FOR E	ACH ITEMIZ	ZED IN-KIND CONTRIE	BUTION (in-kind contributions totaling	more than \$100 from any	contributor during the period)
First Name		Middle Name		In-Kind Contribution Received For: ☐ Primary Election ☐ General Election		Value of In-Kind Contribution
Last Name/Organization Name				Runoff (Local Elections Only)		
Address				Date of In-Kind Contribution	Aggregate this Election	
City		State Zip Code		Description of In-Kind Contribution		•
Occupation	Employer					
First Name		Middle Name		In-Kind Contribution Received For: ☐ Primary Election ☐ General Election		Value of In-Kind Contribution
Last Name/Organization Name				Runoff (Local Elections Only)		
Address				Date of In-Kind Contribution Aggreg		Aggregate this Election
City	State Zip Code		Zip Code	Description of In-Kind Contribution		
Occupation	Employer			7		
First Name N		Middle Na	me	In-Kind Contribution Received	ed For: General Election	Value of In-Kind Contribution
Last Name/Organization Name				Runoff (Local Election		
Address				Date of In-Kind Contribution		Aggregate this Election
City		State	Zip Code	Description of In-Kind Contribution	1	
Occupation	Employer	•		1		
First Name		Middle Name		In-Kind Contribution Receive	ed For: General Election	Value of In-Kind Contribution
Last Name/Organization Name				☐ Primary Election ☐ Runoff (Local Electio		
Address				Date of In-Kind Contribution		Aggregate this Election
City		State Zip Code		Description of In-Kind Contribution		
Occupation	Employer	<u> </u>		7		
First Name		Middle Nan	ne	In-Kind Contribution Receiv	red For:	Value of In-Kind Contribution
Last Name/Organization Name				Primary Election		
Address				Runoff (Local Election Date of In-Kind Contribution	ns Only)	Aggregate this Election
City State Zip Code			Zip Code	Description of In-Kind Contribution		
Occupation	Employer					
 TOTAL ITEMIZED IN-KIND CONTRIBUTIONS (Carry forward to item 3. of 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 item 22b. of summary.) 						
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