

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
L4. In-Kind Donations Not Considered Contributions			
Name of Donor			
Street Address		City	State
Zip Code			
Donation Given By:	Description of Donation		Fair Market Value of Donation
<input type="checkbox"/> Business Entity			
<input type="checkbox"/> Individual	Date Received	Event #	Aggregate Value for this Event
<input type="checkbox"/> Sole Proprietorship			
Name of Donor			
Street Address		City	State
Zip Code			
Donation Given By:	Description of Donation		Fair Market Value of Donation
<input type="checkbox"/> Business Entity			
<input type="checkbox"/> Individual	Date Received	Event #	Aggregate Value for this Event
<input type="checkbox"/> Sole Proprietorship			
Name of Donor			
Street Address		City	State
Zip Code			
Donation Given By:	Description of Donation		Fair Market Value of Donation
<input type="checkbox"/> Business Entity			
<input type="checkbox"/> Individual	Date Received	Event #	Aggregate Value for this Event
<input type="checkbox"/> Sole Proprietorship			
Name of Donor			
Street Address		City	State
Zip Code			
Donation Given By:	Description of Donation		Fair Market Value of Donation
<input type="checkbox"/> Business Entity			
<input type="checkbox"/> Individual	Date Received	Event #	Aggregate value for this Event
<input type="checkbox"/> Sole Proprietorship			
SUBTOTAL Section L4 — This Page			