

Section D. ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (As reported on Page 1, Line 1)		TYPE OF REPORT	
D. In-Kind Contributions			
Name			
Street Address		City	State Zip Code
Type of contributor: <input type="checkbox"/> Individual/SoleProprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization		Date Received	Aggregate Receipts
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a state contractor, prospective state contractor or principal thereof? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section F? <i>If yes, list Event # _____</i>	Description of In-Kind Contribution		
Name			
Street Address		City	State Zip Code
Type of contributor: <input type="checkbox"/> Individual/SoleProprietorshipCommittee <input type="checkbox"/> Other <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization		Date Received	Aggregate Receipts
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a state contractor, prospective state contractor or principal thereof? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section F? <i>If yes, list Event # _____</i>	Description of In-Kind Contribution		
Name			
Street Address		City	State Zip Code
Type of contributor: <input type="checkbox"/> Individual/SoleProprietorshipCommittee <input type="checkbox"/> Other <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization		Date Received	Aggregate Receipts
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a state contractor, prospective state contractor or principal thereof? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section F? <i>If yes, list Event # _____</i>	Description of In-Kind Contribution		
Name			
Street Address		City	State Zip Code
Type of contributor: <input type="checkbox"/> Individual/SoleProprietorshipCommittee <input type="checkbox"/> Other <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization		Date Received	Aggregate Receipts
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a state contractor, prospective state contractor or principal thereof? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section F? <i>If yes, list Event # _____</i>	Description of In-Kind Contribution		
SUBTOTAL Section D — This Page			