IN-KIND CONTRIBUTION NOTIFICATION

SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.

The contributor shall notify the committee of these donated goods or services within five (5) business days.

Do not send this form to the State Board of Elections.

Full Name, Mailing Address, and Zip Code

If the In-Kind was donated by an Individual, occupation & employer must be provided.

| To Candidate/Political Committee: | | From: | | |
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| | | | Occupation & Employer | (if applicable) |
| <u>In-Kind</u> | Contrib | <u>ution</u> | | |
| Full Name, Mailing Address and Zip Code of Vendor (if applicable). | Date |) | Value | |
| | | Description | | |
| | | | | |
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| The political committee must report this c | ontributio | n on thei | r Form D-2, Section A, F | Part 5. |
| Signature of Cont | ributor | | Date | |