

SCHEDULE B: IN-KIND CONTRIBUTIONS OVER \$100

REPORTING PERIOD: _____ THROUGH: _____

MUST BE TYPED OR PRINTED LEGIBLY IN INK

PAGE: _____ OF _____

FULL NAME OF CANDIDATE, CANDIDATE'S COMMITTEE OR POLITICAL COMMITTEE

<p align="center"><u>COLUMN 1</u></p> <p>FULL NAME OF CONTRIBUTOR MAILING ADDRESS OF CONTRIBUTOR & ZIP [LIST IN ALPHABETICAL ORDER]</p>	<p align="center"><u>COLUMN 2</u></p> <p align="center"><u>DONOR INFORMATION</u></p> <p>1. EMPLOYER OR BUSINESS (NOT REQUIRED IF CORPORATE/COMPANY DONOR) 2. OCCUPATION (CORPORATE CONTRIBUTION – ENTER TYPE OF BUSINESS) 3. PRINCIPAL PLACE OF BUSINESS 4. SERVICE/GOODS RECEIVED 5. BASIS USED TO DETERMINE VALUE</p>	<p align="center"><u>COLUMN 3</u></p> <p align="center">DATE RECEIVED</p>	<p align="center"><u>COLUMN 4</u></p> <p align="center">CONTRIBUTION THIS PERIOD</p>	<p align="center"><u>COLUMN 5</u></p> <p align="center">AGGREGATE TO DATE</p>
	1.			
	2.			
	3.			
	4.			
	5.			
	1.			
	2.			
	3.			
	4.			
	5.			
	1.			
	2.			
	3.			
	4.			
	5.			
<p>FILER IS SUBJECT TO FINES IF ALL INFORMATION REQUIRED ON THIS FORM IS NOT GIVEN.</p>			<p>TOTAL THIS PERIOD</p> <p>[ENTER ON LAST PAGE OF SCHEDULE B AND ON LINES 2 AND 7 OF SCHEDULE G.]</p>	