

Section K. ADDITIONAL PAGE ____ of ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT

K. In-Kind Contributions

Name			
Street Address		City	State Zip Code
Is this contribution associated with an event reported in Section J1? <i>If yes, list Event #:</i> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description of In-Kind Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches</i> <input type="checkbox"/> <input type="checkbox"/>	Fair Market Value of this Contribution
Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Sole Proprietorship		Date Received Aggregate Contributions	
Name			
Street Address		City	State Zip Code
Is this contribution associated with an event reported in Section J1? <i>If yes, list Event #:</i> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description of In-Kind Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <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
Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Sole Proprietorship		Date Received Aggregate Contributions	
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SUBTOTAL Section K — This Page