

IN-KIND CONTRIBUTION FORM

Committee Use Only

Transaction ID: _____

(Committee Name)

CONTRIBUTOR'S INFORMATION

Name: _____

Address: _____

City/State/Zip: _____

Employer: _____

Occupation: _____

Employer Address: _____

Employer City/State/Zip: _____

IN-KIND CONTRIBUTION DETAILS

Services/Facilities Provided

Fair Market Value of Contribution: \$ _____

Property Given

Date Received: _____ / _____ / _____

Expenses Paid

Documentation Attached: Yes No

DESCRIPTION/EXPLANATION OF FAIR MARKET VALUE (Please provide all details)

REMINDER

The campaign committee must explain and keep documentation showing how the fair market value of the in-kind contribution was determined. Attach supporting documentation to this form. This form and documentation will be requested by the CFB during the election cycle and as part of your post-election audit.