## COMMITTEE SCHEDULE D—IN KIND CONTRIBUTIONS

			Amended:	
Full Legal Name of Candidate (if applicable)	Full Na	n i		
Lugen. A (ul		402		
Type of Report Partial Quarter	Reporting Perio	d: /	Number (if assigned)	
Faitial Quarter	-	11160		
Y 771 1 G	Number	Depositing Powind Total	Aggregate Total	
In Kind Contributions	Number	Reporting Period Total	Aggregate Total	
of \$50 or less		7/1/2/1		
		01100		

## IN KIND CONTRIBUTIONS EXCEEDING \$50

Date	Contributor Information [Name/Address/Occupation/Employer] [Name of Committee, Committee #]	Type of Contributor	Description of Goods or Services	Amount	Reporting Period Total	Aggregate Total
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