COMMITTEE SCHEDULE D—IN KIND CONTRIBUTIONS

			Amended:	
Full Legal Name of Candidate (if applicable)	Full	Name of Committee		
Type of Report Partial Quarter	Reporting Pe	riod: 5 1 gD	Number (if assigned))
In Kind Contributions	Number	Reporting Period Total	Aggregate Total	
of \$50 or less		5/1/90		

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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