## COMMITTEE SCHEDULE D—IN KIND CONTRIBUTIONS

Full Legal Name of Candidate (if applicable)	Full	Name of Committee	Amended:
Type of Report Partial Quarter	Reporting Pe	riod: 1-20	Number (if assigned)
In Kind Contributions of \$50 or less	Number	Reporting Period Total	Aggregate Total

## 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
						3
						0
						10 6
						1
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