## COMMITTEE SCHEDULE D—IN KIND CONTRIBUTIONS

Full Legal Name of Candidate (if applicable)	Full N	ame of Committee		Amended:
Type of Report Partial Quarter	Reporting Perio	Reporting Period:		
In Kind Contributions	Number	Reporting Period Total	Aggregate	e 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
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					Committee Sci	1111