

IN-KIND CONTRIBUTION FORM

(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

Property Given

Expenses Paid

Fair Market Value of Contribution or amount of expense paid \$ _____ Date Received _____

Documents 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 may be requested by the OCF during the election cycle as part of the audit process.