

**Committee Use Only**

Transaction ID: \_\_\_\_\_

## IN-KIND CONTRIBUTION FORM

\_\_\_\_\_  
(Committee Name)

### CONTRIBUTOR'S INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### IN-KIND CONTRIBUTION DETAILS

Services/Facilities Provided Fair Market Value of Contribution: \$ \_\_\_\_\_

Property Given Date Received: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Expenses Paid Documentation 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 will be requested during the election cycle and as part of your post-election audit.*