

STATEMENT OF ITEMIZED CONTRIBUTIONS IN KIND

Name of Committee (in Full):

Address:					
(Street)	(City/State/Zip)				(Phone)
Reporting Date:	(If any repo	_	lls on a weekend	l, the filing may	be made the next
			_	e period from the	initial filing to 5
(Date)	days pri	or to this filir	ng.		
				eriod from 5 day	s prior to the
(Date)	previous filing to 5 days prior to this filing.				
: 30	•			•	s prior to the
(Date)	previous	s filing to 5 da	nys prior to this	filing.	
: N				od from 5 days p	rior to the
(Date)	previous	s filing to Nov	ember 1.		
Full Name, Addres 1	-				Date Received
1.					
Contribution in kind for:					
2			\$		
Contribution in kind for:		Primary	 General	Other (Speci	ify):
		v		•	
3			\$		
Contribution in k	ind for:	Primary	General	Other (Speci	ify):
4		-	Ó	-	
4			\$		

 $I\ certify\ that\ I\ have\ examined\ this\ statement\ of\ contribution\ in\ kind\ and\ to\ the\ best\ of\ my\ knowledge\ and\ belief\ it\ is\ true,\ correct\ and\ complete.$

(Type or Print Name of Agent)

(Signature of Agent)

(Date)

Note: Willful or intentional submission of false, erroneous or incomplete information may be sanctioned as provided by law.