

Statement of Non-Monetary Contributions

Full Name of Committee/Person: _____

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| Contributor Name (Individual/Entity): | |
| Address: | City/State/Zip: |
| Occupation & Employer (required) | |
| Date Contribution Accepted: | Fair Market Value: |
| Description: | |

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| Contributor Name (Individual/Entity): | |
| Address: | City/State/Zip: |
| Occupation & Employer (required) | |
| Date Contribution Accepted: | Fair Market Value: |
| Description: | |

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