SCHEDULE B

IN-KIND CONTRIBUTIONS

_____
(Name of Person)

Contributor Name Complete Address of Contributor	Contribution Amount
Subtotal this page	**$0.00**

Total Itemized (over $50) In-Kind Contributions	
Total Unitemized ($50 or less) In-Kind Contributions	
Total In-Kind Contributions This Period (to line 2 of Summary)	**$0.00**

Resest Form

Print