

SCHEDULE E – CAMPAIGN FINANCE NON-MONETARY (IN-KIND) DONATIONS



If the requested information is not applicable, **DO NOT**
include this page in the report.

The Campaign Finance Report Instruction Guide
explains how to complete this form.

A. CANDIDATE NAME (First and Last)	B. PAGE TOTAL \$
---	----------------------------

1.	DATE	FULL NAME	EMPLOYER	AMOUNT \$
	DESCRIPTION			
2.	DATE	FULL NAME	EMPLOYER	AMOUNT \$
	DESCRIPTION			
3.	DATE	FULL NAME	EMPLOYER	AMOUNT \$
	DESCRIPTION			
4.	DATE	FULL NAME	EMPLOYER	AMOUNT \$
	DESCRIPTION			
5.	DATE	FULL NAME	EMPLOYER	AMOUNT \$
	DESCRIPTION			
6.	DATE	FULL NAME	EMPLOYER	AMOUNT \$
	DESCRIPTION			
7.	DATE	FULL NAME	EMPLOYER	AMOUNT \$
	DESCRIPTION			
8.	DATE	FULL NAME	EMPLOYER	AMOUNT \$
	DESCRIPTION			
9.	DATE	FULL NAME	EMPLOYER	AMOUNT \$
	DESCRIPTION			
10.	DATE	FULL NAME	EMPLOYER	AMOUNT \$
	DESCRIPTION			