

SCHEDULE II  
PART F  
**In-Kind Contributions Received**  
VALUE OF \$50.01 TO \$250

|                              |  |
|------------------------------|--|
| Filer Identification Number: |  |
|------------------------------|--|

|                             |  |  |  |                   |  |                   |  |
|-----------------------------|--|--|--|-------------------|--|-------------------|--|
| Full Name of Contributor    |  |  |  | Date [MM/DD/YYYY] |  | \$                |  |
| House #                     |  |  |  | Street Address    |  | Date [MM/DD/YYYY] |  |
| City                        |  |  |  | State             |  | Zip Code          |  |
| Date [MM/DD/YYYY]           |  |  |  | Date [MM/DD/YYYY] |  | \$                |  |
| Description of Contribution |  |  |  |                   |  |                   |  |

|                             |  |  |  |                   |  |                   |  |
|-----------------------------|--|--|--|-------------------|--|-------------------|--|
| Full Name of Contributor    |  |  |  | Date [MM/DD/YYYY] |  | \$                |  |
| House #                     |  |  |  | Street Address    |  | Date [MM/DD/YYYY] |  |
| City                        |  |  |  | State             |  | Zip Code          |  |
| Date [MM/DD/YYYY]           |  |  |  | Date [MM/DD/YYYY] |  | \$                |  |
| Description of Contribution |  |  |  |                   |  |                   |  |

|                             |  |  |  |                   |  |                   |  |
|-----------------------------|--|--|--|-------------------|--|-------------------|--|
| Full Name of Contributor    |  |  |  | Date [MM/DD/YYYY] |  | \$                |  |
| House #                     |  |  |  | Street Address    |  | Date [MM/DD/YYYY] |  |
| City                        |  |  |  | State             |  | Zip Code          |  |
| Date [MM/DD/YYYY]           |  |  |  | Date [MM/DD/YYYY] |  | \$                |  |
| Description of Contribution |  |  |  |                   |  |                   |  |

|                             |  |  |  |                   |  |                   |  |
|-----------------------------|--|--|--|-------------------|--|-------------------|--|
| Full Name of Contributor    |  |  |  | Date [MM/DD/YYYY] |  | \$                |  |
| House #                     |  |  |  | Street Address    |  | Date [MM/DD/YYYY] |  |
| City                        |  |  |  | State             |  | Zip Code          |  |
| Date [MM/DD/YYYY]           |  |  |  | Date [MM/DD/YYYY] |  | \$                |  |
| Description of Contribution |  |  |  |                   |  |                   |  |

|                             |  |  |  |                   |  |                   |  |
|-----------------------------|--|--|--|-------------------|--|-------------------|--|
| Full Name of Contributor    |  |  |  | Date [MM/DD/YYYY] |  | \$                |  |
| House #                     |  |  |  | Street Address    |  | Date [MM/DD/YYYY] |  |
| City                        |  |  |  | State             |  | Zip Code          |  |
| Date [MM/DD/YYYY]           |  |  |  | Date [MM/DD/YYYY] |  | \$                |  |
| Description of Contribution |  |  |  |                   |  |                   |  |