

Schedule A-2 - Statement of Non-Monetary Contributions

Full Name of Committee/Person: _____

PLEASE PRINT/TYPE

| |
|---|
| 1. Name (Last, First): _____ |
| 2. Address: _____ |
| 3. City/State/Zip: _____ |
| 4. Description: _____ |
| 5. Employer (<u>mandatory if employed</u>): _____ |
| 6. Occupation (<u>mandatory if employed</u>): _____ |
| 7. Date Provided: _____ |
| 8. Aggregate Amount: _____ |
| 9. Fair Market Value: _____ \$ _____ |

| |
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| 3. City/State/Zip: _____ |
| 4. Description: _____ |
| 5. Employer (<u>mandatory if employed</u>): _____ |
| 6. Occupation (<u>mandatory if employed</u>): _____ |
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| 8. Aggregate Amount: _____ |
| 9. Fair Market Value: _____ \$ _____ |

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Schedule A-2 Statement of Non-Monetary Contributions (\$20 or more)
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Use additional pages as necessary