



SCDEC In-Kind Contributions

Section 1 To be filled out by SCDEC Officer

The Seminole County Democratic Executive Committee hereby request the following goods or services: _____

Name

Signature

Date

Section 2 REQUIRED Information to be filled out by In-Kind Contributor

First Name: _____ Last Name: _____

Address: _____ Apartment/Unit _____

City: _____ State: _____ Zip: _____

Occupation: _____ Employer: _____

Description or goods or service: _____ Fair Market Value:\$ _____

By signing this form, you confirm you are a U.S. citizen or U.S. permanent resident (e.g., green card holder); and, that this contribution is made from your own personal funds (e.g. not those of another person or company).

Contributions to the SCDEC are not tax deductible for income tax purposes.

Signature: _____ Date _____

Paid for and approved by the Seminole County Democratic Executive Committee (SCDEC) (dba "Seminole County Democratic Party"). Not authorized by any candidate or candidate committee.