

**HAWAII REPUBLICAN PARTY
IN-KIND AGREEMENT**

Corporate Contribution

Personal Contribution

Donor Name: _____

Contact Name: _____

Title: _____ Date of Contribution : _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Campaign Spending Law requires us to obtain the following information from individual contributors:*

*Employer: (required) _____

*Occupation (required) _____

Description of contribution: *if contributing a gift certificate, please list certificate number(s)*

Total Value: \$ _____

Signature: (required) _____

Remarks: _____

The Hawaii State Campaign Spending Commission requires that we report these donations as in-kind contributions to the (CAMPAIGN NAME). The information requested above will be used when filing campaign spending reports.

Please return this form ASAP to:
HAWAII REPUBLICAN PARTY
725 KAPIOLANI BLVD C-105
HONOLULU, HI 96813

For Office Use Only	
Event Code _____	For: Silent Auction Door Prize Event Use Other _____
Date _____	Received By _____