



James Dan

Assembly

28

Name (print)

Office (if applicable)

District (if applicable)

IN KIND

Contributions of \$100 or Less

DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION
— NONE —		

This page may be copied or duplicated if additional space is needed.

Name (print) James Dan

Office (if applicable) Assembly

District (if applicable) 28

IN KIND

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
<del>_____</del>			
<del>— NONE —</del>			
<del>_____</del>			

This page may be copied or duplicated if additional space is needed.

James Don

Assembly

28

Name (print)

Office (if applicable)

District (if applicable)

IN KIND

Expenses of \$100 or Less

DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE	DESCRIPTION OF EACH IN KIND EXPENSE
<p>— NONE —</p>		

This page may be copied or duplicated if additional space is needed.

Prescribed by Secretary of State  
RS 294A.120, 294A.140, 294A.150  
294A.200, 294A.210, 294A.220, 294A.362