



**In-Kind Contributions to LWVODC:
Non-Travel Expenses**

Date of this report:	
Your name:	
Your address (line 1):	
Your address (line 2):	
Category of expense (supplies, postage, etc.)	
Purpose of expense (program mtg, candidate forum, etc.; provide dates of events)	
Listing of expenses, if more than one:	
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total all Expenses	\$

Please submit form to:
 Cynthia LaMaster
 LWVODC
 PO Box 3397
 Chapel Hill NC 27515-3397