

**In-Kind Contribution Form**

In-kind contributions count toward your contribution limits. An individual may contribute a maximum of \$2000 in an election year and \$ 500 in other years. In-kind contributions do not qualify for State Matching Funds. Please take the time to complete this form precisely. Your willingness to provide the requested information will help keep the committee in compliance with state law. Thanks for your contribution!

**Send Completed In-Kind Contribution Form to:**

**Vote Wright  
6304 Falcon Ct  
Edina, MN 55436**

**Contributor Information:**

Name and address are required for contributions of more than \$20. State law requires that we use our best efforts to collect and report the name, address, occupation, and employer for each individual whose contributions exceed \$20 in a calendar year.

Name\*: \_\_\_\_\_  
Address\*: City/State/Zip: \_\_\_\_\_  
Home Phone\*: \_\_\_\_\_  
Email address\*: \_\_\_\_\_  
Employer\*: \_\_\_\_\_ Occupation\*: \_\_\_\_\_

*\*Required for contributions of \$20 or more. Also indicate if retired, homemaker, self employed or unemployed.*

\_\_\_\_ Please add me to your email list \_\_\_\_ Please contact me about volunteering

**Goods or Services being contributed:**

(describe in detail):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cost of goods to contributor: \$ \_\_\_\_\_ Fair market value of goods or services: \$ \_\_\_\_\_

*I certify that the above goods or services belong to me and I am hereby contributing them to Vote Wright. I understand that the same rules, laws, and restrictions apply to this contribution as to a monetary contribution.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please attach all receipts related to this contribution.**

**Joint Contributions**

*This is a joint contribution. Please allocate equally between us (requires spouse/partner's signature)*

Spouse/Partner's Name:

Spouse/Partner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer\*: \_\_\_\_\_

Occupation\*: \_\_\_\_\_

*\*Required for contributions of \$20 or more. To comply with Federal law, contributors are required to provide their employment information. If you are retired, please enter N/A under **Employer** and **Retired** under **Occupation**; if a homemaker, please enter **N/A-Homemaker**; if self-employed, please enter **Self-Employed** under **Employer** and describe your line of work under **Occupation**.*

*Vote Wright does not accept contributions from any political action committee (PAC). State law prohibits contributions from corporations, labor organizations, National banks, federal contractors, and foreign nationals not admitted for permanent residence. Contributions must be from personal funds and not reimbursed by another person. Contributions are not tax deductible.*

Paid for by Vote Wright

