

**RIVERSIDE COUNTY DEMOCRATIC CENTRAL COMMITTEE
IN KIND DONATION FORM
(NON-MONETARY)**

DATE OF DONATION: _____

DONOR: _____

ADDRESS: _____

IF DONOR IS AN INDIVIDUAL

OCCUPATION: _____

EMPLOYER: _____

IF DONOR IS A COMMITTEE: _____

(FPPC or FEC ID NUMBER)

DESCRIPTION OF GOODS OR SERVICES DONATED: _____

FAIR MARKET VALUE: _____

**THE FAIR MARKET VALUE IS WHATEVER IT WOULD COST TO OBTAIN THE
DONATED GOODS OR SERVICES ON THE OPEN MARKET, AND NOT
NECESSARILY THE COST TO THE DONOR OF PROVIDING THE GOODS OR
SERVICES.**

DISTRIBUTION

**RETURN TO RCDCC CONTROLLER WITH ALL RECEIPTS, INVOICES, OR OTHER
DOCUMENTATION ATTACHED.**