

SPOKANE COUNTY REPUBLICAN PARTY

— Defending Faith, Family and Freedom —

In-Kind Donation

Date Submitted: _____

District Leader Name: _____

Committee Chair Name: _____

Vendor/Donor Name

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Services Donating:

Value of Donation: _____

Please Initial

I understand **ALL financial arrangements must be in writing** – I am responsible as a vendor/donor to provide a documented contract If I at any point am wanting to be paid for any part of my services – I understand that the Spokane County Republican Central Committee does not accept verbal agreements _____ (initial here)

I understand that all in-kind services donated is designated for internal expenses or fund raising to pay for internal expenses without a direct association with individual candidates. This donation is an exempt donation.
_____ (initial here)

Vendor/Donor Signature

Date

Committee CHAIR Signature

Date

Spokane GOP CHAIR Signature

Date