

No Schedule A results to display.

| Schedule B: In-Kind Contributions Over \$100 Full Name of Contributor Mailing Address of Contributor | Donor Information 1. Employer or Business (If Corporate/Company Donor: N/A) 2. Type of Business(If Corporate Donor Type of Business) 3. Business Location 4. Service/Goods Received 5. Basis used to Determine Value | Date Received | Contribution This Period | Aggregate To Date |
|--|---|---------------|--------------------------|-------------------|
| Care In Action 45 Broadway Suite 320 New York, NY 10006 | 1. 2. Domestic Workers 3. New York, NY 4. Printing 5. Actual Cost | 11/01/2019 | \$3,472.40 | \$0.00 |
| Total This Period | | | | |

No Schedule E-1 results to display.