

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 |
| Capital Resources 204 S Monroe St Tallahassee, FL 32301-1840 | 1. 2. Finance 3. Tallahassee, FL 4. Food for Event 5. ActualCost | 01/04/2025 | \$2,843.10 | \$2,843.10 |
| Total This Period | | | | |

No Schedule E-1 results to display.