Page	

## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Friends of ADAMH								
Full Name of Contributor	Finnlover Occur	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
SEE ATTACHED DETAIL	Employer, Occup							
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value		
			27.1.27.0.00					
City	State	Zip Code	Received	l at Fundi	raising E			
				YES NO				
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
Street Address	Description of It	Description of Item or Service		D	Y	Fair Market Value		
City	State			Received at Fundraising Event?				
				YES NO				
Full Name of Contributor	Employer, Occur	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
Street Address	Description of It	em or Service	M	D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund	raising E			
				YES NO				
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registration Number, if PAC					
Street Address	Description of It	Description of Item or Service		D	Y	Fair Market Value		
			10.00		2000			
City	State	State Zip Code		Received at Fundraising Event?				
					YES NO			
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of I	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code	Receive	Received at Fundraising Event?				
					YES NO			
Full Name of Contributor	Employer, Occu	Occupation, Labor Organization * Registration Number, if PAC						
Street Address	Description of I	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code	Receive	ed at Func YES	łraising I	Event? NO		
Full Name of Contributor	Employer, Occi	pation, Labor Organization *	Registra	ation Nun	nber, if P			
Tail Name of Condition	[ ]	<b>,, .</b>			,			
Street Address	Description of I	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code	Receive	ed at Fund	draising )	Event?		
				YES NO				
Full Name of Contributor	Employer, Occi	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of l	Description of Item or Service		D	Y	Fair Market Value		
City	State	State Zip Code		Received at Fundraising Event?				
COLUMN TO THE PARTY OF THE PART					YES NO			

Page Total \$ ().()()

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]