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## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full				
Friends of ADAMH				
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC	
SEE ATTACHED DETAIL				
Street Address	Description of Item or Service		M D Y Fair Market Value	
City	State Zip Code		Received at Fundraising Event? YES NO	
Full Name of Contributor	Employer, Occupation, Labor O	rganization *	Registration Number, if PAC	
Street Address	Description of Item or Service		M D Y Fair Market Value	
City	State Zip Code		Received at Fundraising Event? YES NO	
Full Name of Contributor	Employer, Occupation, Labor O	rganization *	Registration Number, if PAC	
Street Address	Description of Item or Service		M D Y Fair Market Value	
City	State Zip Code		Received at Fundraising Event? YES NO	
Full Name of Contributor	Employer, Occupation, Labor O	rganization *	Registration Number, if PAC	
Street Address	Description of Item or Service		M D Y Fair Market Value	
City	State Zip Code		Received at Fundraising Event? YES NO	
Full Name of Contributor	Employer, Occupation, Labor O	rganization *	Registration Number, if PAC	
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City	State Zip Code		Received at Fundraising Event? YES NO	
Full Name of Contributor	Employer, Occupation, Labor O	rganization *	Registration Number, if PAC	
Street Address	Description of Item or Service		M D Y Fair Market Value	
City	State Zip Code		Received at Fundraising Event? YES NO	
<u> </u>	<del></del>			

Page Total \$\_\_\_\_0.00

<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)]