In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Friends of ADAMH								
								
Full Name of Contributor SEE ATTACHED DETAIL	Employer, Occup	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value		
			M	Ĭ	Ι'n	The Harrey Flag		
City	State	Zip Code	Received	l at Fund	raising E	vent?		
			YES NO					
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code	Received	d at Fund	raising E	vent?		
<u> </u>			YES NO					
Full Name of Contributor	Employer, Occup	Employer. Occupation, Labor Organization *			Registration Number, if PAC			
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code	Received	1 at Fund	raising E	vent?		
			YES NO ,					
Full Name of Contributor	Employer, Occup	Registration Number, if PAC						
Street Address	Description of Item or Service		М	D	Y	Fair Market Value		
City	State	Zip Code	Received at Fundraising Event? YES NO					
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code	Received at Fundraising Event?					
			YES NO					
Full Name of Contributor	Employer, Occup	pation, Labor Organization *	Registration Number, if PAC					
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zîp Code	Received	d at Fund YES	raising E	vent? NO		
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Item or Service		М	D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund	raising E	vent?		
			YES NO					
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Its	Description of Item or Service		D	Y	Fair Market Value		
	State	Zip Code	Received	≀ diat Fund	raising E	I vent?		
		1			YES NO			

^{*} 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)]