Page _		_	

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, Occupation, Lab	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Street Address	Description of Item or Serv	Description of Item or Service			ΙΥ	Fair Market Value			
		3 1000		D 	lί				
City	State Zip Code	;	Received	at Fund	raising I	Event?			
				YES		NO			
Full Name of Contributor	Employer, Occupation, Lab	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Street Address	Description of Item or Serv	Description of Item or Service		D 	Y	Fair Market Value			
City	State Zip Code	;	Received	at Fund	raising I	Event? NO			
Full Name of Contributor	Employer Occupation Lab	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
1	2p.to/a., 044-p	Employer, Octobation, Lator Organization			, , , , , , , , , , , , , , , , , , , ,				
Street Address	Description of Item or Serv	ice	M	D 	Y	Fair Market Value			
City	State Zip Code	<u></u>	Received	at Fund	raising f	Event?			
			1	YES		NO			
Full Name of Contributor	Employer, Occupation, Lab	Employer, Occupation, Labor Organization * Registration Number, if PAC							
Street Address	Description of Item or Serv	Description of Item or Service		D I	Y	Fair Market Value			
City	State Zip Code	 ;	Received	at Fund	raising E	Event?			
			-	YES		NO			
Full Name of Contributor	Employer, Occupation, Lab	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of Item or Serv	Description of Item or Service		D	Y	Fair Market Value			
City	State Zip Code	:	Received		raising F				
Full Name of Contributor	Employer, Occupation, Lab		YES NO Registration Number, if PAC						
run Name of Contributor	Employer, Occupation, Lab	or Organization •	Registrat	ונינטאן ואסו	bet, ii r	AC			
Street Address	Description of Item or Serv	Description of Item or Service		D	Y	Fair Market Value			
a:	7: 0			<u> </u>	ĻĻ,	<u> </u>			
City	State Zip Code	:	Reœiveo	iat Fund YES	raising i	NO NO			
Full Name of Contributor	Employer, Occupation, Lab	or Organization *	Registration Number, if PAC						
Street Address	Description of Item or Serv	Description of Item or Service		D	Y	Fair Market Value			
Cit.	Store 7 in Code		Passivas	l at Fund	roisino I				
City	State 121p Code	State Zip Code			Received at Fundraising Event? YES NO				
Full Name of Contributor	Employer, Occupation, Lab	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of Item or Serv	Description of Item or Service		D 	Y	Fair Market Value			
City	State Zip Code	····	Received	latFund	raising I	Event?			
				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)]