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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	Ir. 1	pation, Labor Organization *	To .		.l	24.0	
SEE ATTACHED DETAIL	Employer, Occup	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	Iraising		
			YES NO				
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Item or Service		M	a 	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fund YES	draising	Event? NO	
Full Name of Contributor	Employer, Occup	Registration Number, if PAC					
Street Address	Description of Ite	em or Service	M	D	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fund YES	draising	Event? NO	
Full Name of Contributor	Employer, Occup	pation, Labor Organization *	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, Occup	Registration Number, if PAC					
Street Address	Description of It	em or Service	M	D	Y	Fair Market Value	
City	State	Zip Code	Received at Fundraising Event? YES NO				
Full Name of Contributor	Employer, Occur	pation, Labor Organization *	Registration Number, if PAC				
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
City	State	Zip Code	Receive	ed at Fun YES	draising	Event'? NO	
Full Name of Contributor	Employer, Occur	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 Organization *		Registration Number, if PAC				
Street Address	Description of Item or Service		M	Q	Y	Fair Market Value	
City	State	Zip Code	Receive	Received at Fundraising Event? YES NO			

Page Total \$_____0_0

^{*} 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)]