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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

by so School							
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	Receive	d at Fund	raising	Event?	
				YES		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	Receive	d at Fund	raising	Event?	
	1 1	,		YES	_	NO	
Full Name of Contributor	Employer, Occup	pation, Labor Organization *	Registration Number, if PAC				
Street Address	Description of It	em or Service	M	D	Y	Fair Market Value	
			Di	1 -4 5		F	
City	State	Zip Code	Keceive	d at Fund YES	graising	NO NO	
Full Name of Contributor	Employer, Occur	ation, Labor Organization *	Registra	Registration Number, if PAC			
Street Address	Description of It	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	pation, Labor Organization *	Registra	Registration Number, if PAC			
Street Address	Description of It	em or Service	М	D	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fund	raising		
		<u> </u>		YES		NO	
Full Name of Contributor	Employer, Occu	oation, Labor Organization *	Registra	Registration Number, if PAC			
Street Address	Description of It	Description of Item or Service		D	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fund YES	lraising	Event? NO	
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Street Address	Description of Item or Service		M 	ם	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fund YES	lraising	Event? NO	
Full Name of Contributor	Employer, Occu	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	Zip Code	Receive	d at Fund YES	lraising	Event? NO	

Page Total \$	0.00_
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^{*} 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)]