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Ohio Campaign Finance Report

10 JUL 29 AM 8:33

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee Friends of ADAMH							Registration Number, if applicable			
Full Name of Candidate										
Street Address 1105 Schrock Road, Suite 300, Box 29163						Office Sought		District		
City Columbus						State OH	Zip Code 43229			
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year	
	July Monthly		August Monthly		September Monthly		Termination		X Semiannual	
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election		M	D	Y

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	9,132.50
2. Total monetary contributions (From Form No. 31-A)	\$	0.00
3. Total other income (From Form No. 31-A-2)	\$	2.16
4. Total funds available (sum of lines 1, 2, 3)	\$	9,134.66
5. Total monetary expenditures (From Form No. 31-B)	\$	0.00
6. Balance on hand (line 4 minus line 5)	\$	9,134.66
7. Value of in-kind contributions received (From Form No. 31-I-1)	\$	0.00
8. Value of in-kind contributions made (From Form No. 31-I-2)	\$	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	
12. Value of independent expenditures made (From Form No. 31-U)	\$	
13. For Electronic Filing Entities only	\$	
Sum of lines 2, 7 and amount of any new loans received this period	\$	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Daniel A. Low _____ *Daniel A. Low* _____ July 28, 2010 _____
Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages 4

Expenditure pages 2

Other pages 3

Total pages 9

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of ADAMH							
Full Name of Contributor SEE ATTACHED DETAIL						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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)

Statement of Other Income

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of ADAMH						
Full Name SEE ATTACHED DETAIL				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Statement of Expenditures

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of ADAMH							
To Whom Paid SEE ATTACHED DETAIL				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				

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, 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, Occupation, 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, Occupation, 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, Occupation, 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, Occupation, 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, Occupation, 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, Occupation, 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, Occupation, 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	

* 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)]

Statement of Other Income

Name of Committee: Friends of Alcohol, Drug Addiction and Mental Health Services Board (ADAMH)

Period: January 1, 2010 through June 30, 2010

<u>Date Received</u>	<u>From Whom Received</u>	<u>What Received</u>	<u>Nature of Other Income</u>	<u>Amount</u>
01/09/10	Fifth Third Bank of Columbus, P.O. Box 182026 Columbus Ohio 43218	Cash Deposit	Interest	\$0.27
01/12/10	Arlington Bank, 2130 Tremont Center, Upper Arlington, Ohio 43221	Cash Deposit	Interest	\$0.10
02/09/10	Fifth Third Bank of Columbus, P.O. Box 182026 Columbus Ohio 43218	Cash Deposit	Interest	\$0.27
02/15/10	Arlington Bank, 2130 Tremont Center, Upper Arlington, Ohio 43221	Cash Deposit	Interest	\$0.10
03/09/10	Fifth Third Bank of Columbus, P.O. Box 182026 Columbus Ohio 43218	Cash Deposit	Interest	\$0.24
03/15/10	Arlington Bank, 2130 Tremont Center, Upper Arlington, Ohio 43221	Cash Deposit	Interest	\$0.10
04/07/10	Fifth Third Bank of Columbus, P.O. Box 182026 Columbus Ohio 43218	Cash Deposit	Interest	\$0.27
04/15/10	Arlington Bank, 2130 Tremont Center, Upper Arlington, Ohio 43221	Cash Deposit	Interest	\$0.10
05/09/10	Fifth Third Bank of Columbus, P.O. Box 182026 Columbus Ohio 43218	Cash Deposit	Interest	\$0.24
05/13/10	Arlington Bank, 2130 Tremont Center, Upper Arlington, Ohio 43221	Cash Deposit	Interest	\$0.10
06/09/10	Fifth Third Bank of Columbus, P.O. Box 182026 Columbus Ohio 43218	Cash Deposit	Interest	\$0.27
06/15/10	Arlington Bank, 2130 Tremont Center, Upper Arlington, Ohio 43221	Cash Deposit	Interest	\$0.10

Total

\$2.16

Statement of Contributions Received (Monetary Contributions)

Name of Committee:

Friends of Alcohol, Drug Addiction and Mental Health Services Board (ADAMH)

Period:

January 1, 2010 through June 30, 2010

Date	From Whom Received	What Received	<u>Amount</u>
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\$0.00

Statement of Expenditures

Name of Committee: Friends of Alcohol, Drug Addiction and Mental Health Services Board (ADAMH)
Period: January 1, 2010 through June 30, 2010

<u>Date Paid</u>	<u>To Whom Paid</u>	<u>Purpose</u>	<u>Amount</u>	<u>Check Number</u>
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\$0.00

Statement of In-Kind Contributions Received

Name of Committee: Friends of Alcohol, Drug Addiction and Mental Health Services Board (ADAMH)
Period: January 1, 2010 through June 30, 2010

Date	From Whom Received	Item or Service Received	Fair Market Value Amount	Received At Fundraising Event
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\$0.00