31-A R.C. 3517.10

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Friends of ADAMH								
Full Name of Contributor			Registra	Registration Number, if PAC				
SEE ATTACHED DETAIL								
Street Address	Employer/Occu				Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	Y	Amount		
City	State	Zip Code						
Full Name of Contributor					Registration Number, if PAC			
Street Address	Employer/Occi	Employer/Occupation/Labor Organization						
City	State	Zip Code	М	D	Y	Amount		
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Full Name of Contributor	<u> </u>		Registr	ation Nur	nber, if P	AC		
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)		
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City	State	Zip Code	М	D	Y	Amount		
City		Jap Cour	"					
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* 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)

Page Total \$ 0.00