

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

|  |       |  |   |   |                             |        |  |
|--|-------|--|---|---|-----------------------------|--------|--|
| Name of Committee in Full<br><b>Friends of ADAMH</b>   |       |  |   |   |                             |        |  |
| Full Name of Contributor<br><b>SEE ATTACHED DETAIL</b> |       |  |   |   | 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 |  |
|  |       |  |   |   |                             |        |  |
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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