31-A R.C. 3517.10

Page	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

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Name of Committee in Full							
Friends of ADAMH Full Name of Contributor			n :		1 'Ch		
			Registra	tion Num	ber, if PA	AC.	
SEE ATTACHED DETAIL	In 1 10					I	
Street Address	Employer/Occi	pation/Labor Organization	n			Form (Cash, Check, etc.)	
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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