

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 | |
| | | | | | | | |

* 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