

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)			

* 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.

Page Total \$ 0.00