Page

Statement of Other Income

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Friends of ADAMH			T					
Full Name					Registration Number, if PAC			
SEE ATTACHED DETAIL					۱ ٫٫ ۱	A		
Address	Type*		М	D	Y	Amount		
City	State	Zip Code	Form(Ca	sh,Check	,etc)			
Tall Name	Registration Number, if PAC							
Full Name								
Address	Type*		M	D	Y	Amount		
City	State	Zip Code	Form(Ca					
Full Name					Registration Number, if PAC			
Address	Type*		М	D	Y	Amount		
City	State	Zip Code	Form(Ca	ish,Check	k,etc)			
Full Name					Registration Number, if PAC			
Address	Type*		М	D	Y	Amount		
City	State	Zip Code	Form(Ca	ash,Checl	k,etc)			
Full Name				tion Num	ber, if PA	SC.		
Address	Type*		M	D	Y	Amount		
City	State	Zip Code	Form(Ca	Form(Cash,Check,etc)				
Full Name					Registration Number, if PAC			
Address	Type*		M	D	Y	Amount		
City	State	Zip Code	Form(C	ash,Chec	k,etc)			
Full Name					Registration Number, if PAC			
Address	Type*		М	D	Y	Amount		
City	State	Zip Code	Form(C	ash,Chec	k,etc)			
Full Name				Registration Number, if PAC				
Address	Type*		М	D	Y	Amount		
City	State	Zip Code	Form(C	ash,Chec				
E					CARLO DE CA			

SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 0.00

^{*} 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,