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R.C.	35	17.	10

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Friends of ADAMH			15		1	1.0
Full Name of Contributor			Registra	tion Num	noer, ii P	AC.
SEE ATTACHED DETAIL	In 1 /0	and and the land of the second of				F/Cb Cbb -t)
Street Address	Eniployer/Occi	upation/Labor Organization				Form (Cash, Check, etc.)
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Chy	J State	Zip Code	"	Ĭ	Ι'n	Amount
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Full Name of Contributor			Registra	ation Nun	nber, if P	AC
Street Address	Employer/Occ				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
* Required for contributions over \$100 to statewide and conser	d accombly condidates If	contributor is salf amulaced	a a a un a tia a rath			sould be listed

* 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