· 31-A R.C. 3517.10

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Friends of ADAMH Full Name of Contributor					Registration Number, if PAC			
Employer/Occu	on			Form (Cash, Check, etc.)				
State	Zip Code	М	D	Y	Amount			
ull Name of Contributor					Registration Number, if PAC			
Employer/Occi	on			Form (Cash, Check, etc.)				
	Tai: O. 1		1 5	Lv				
State	Zip Code		ו	1	Amount			
		Registra	ition Nun	nber, if Pa	AC			
Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)			
State	Zip Code	М	D	Y	Amount			
Full Name of Contributor					Registration Number, if PAC			
Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)			
State	Zip Code	М	D	Y	Amount			
Full Name of Contributor					/C			
Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)			
State	Zip Code	M	D	Y	Amount			
		Registra	ntion Nun	nber, if P/	NC			
Employer/Occu	าน		Form (Cash, Check, etc.)					
State	Zíp Code	М	D	Y	Amount			
Full Name of Contributor					Registration Number, if PAC			
Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)				
State	Zip Code	M	D	Y	Ainount			
Full Name of Contributor Registration Number, if P.								
Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)				
State	Zip Code	М	D	Y	Amount			
	Employer/Occu Employer/Occu State Employer/Occu State Employer/Occu State Employer/Occu State Employer/Occu State	Employer/Occupation/Labor Organization State Zip Code Employer/Occupation/Labor Organization State Zip Code	Employer/Occupation/Labor Organization State Zip Code M Registrate	Employer/Occupation/Labor Organization State Zip Code M D Registration Num Employer/Occupation/Labor Organization State Zip Code M D Registration Num Employer/Occupation/Labor Organization State Zip Code M D Registration Num Employer/Occupation/Labor Organization State Zip Code M D Registration Num Employer/Occupation/Labor Organization State Zip Code M D Registration Num Employer/Occupation/Labor Organization State Zip Code M D Registration Num Employer/Occupation/Labor Organization State Zip Code M D Registration Num Employer/Occupation/Labor Organization State Zip Code M D Registration Num Employer/Occupation/Labor Organization State Zip Code M D Registration Num Employer/Occupation/Labor Organization	Employer/Occupation/Labor Organization State Zip Code M D Y			

* 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