

# Statement of Expenditures

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Friends of ADAMH</b>									
To Whom Paid <b>SEE ATTACHED DETAIL</b>						M	D	Y	Amount
Address						Purpose			
City			State	Zip Code	Check Number				
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City			State	Zip Code	Check Number				
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City			State	Zip Code	Check Number				
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City			State	Zip Code	Check Number				
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City			State	Zip Code	Check Number				
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City			State	Zip Code	Check Number				
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City			State	Zip Code	Check Number				
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City			State	Zip Code	Check Number				
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City			State	Zip Code	Check Number				