

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Bridges for OHIO									
Full Name of Contributor BOB Frey							Registration Number, if PAC		
Street Address 7137 SILVERCREST DR				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Pay Pal		
City CINCINNATI		State OH		Zip Code 45236		M 09		D 21	
						Y 11		Amount 60.00	
Full Name of Contributor DARVY OTTAUS							Registration Number, if PAC		
Street Address 3391 OXFORD MIDDLETOWN				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Pay Pal		
City Somerville		State OH		Zip Code 45064		M 09		D 13	
						Y 11		Amount 20.00	
Full Name of Contributor TRAVIS IRVINE							Registration Number, if PAC		
Street Address 729 college Ave				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Pay Pal		
City Bexley		State OH		Zip Code 43209		M 09		D 25	
						Y 11		Amount 25.00	
Full Name of Contributor LIBERTARIAN PARTY OF OHIO							Registration Number, if PAC		
Street Address 2586 Tiller Ln SUITE 2K				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43231		M 10		D 03	
						Y 11		Amount 1000.00	
Full Name of Contributor MARL RUTHERFORD							Registration Number, if PAC		
Street Address 151 N. Delaware SUITE 1900				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Pay Pal		
City INDIANAPOLIS		State IN		Zip Code 46204		M 10		D 11	
						Y 11		Amount 25.00	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State		Zip Code		M		D	
						Y		Amount	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, 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 also appear. [R.C. 3517.10(B)(4)]