

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Bird						
Full Name of Contributor Lyn Herron				Registration Number, if PAC		
Street Address 7618 Benderson Drive		Employer/Occupation/Labor Organization* Trainer		Form (Cash, Check, etc.) Credit Card		
City Westerville	State OH <input checked="" type="checkbox"/>	Zip Code 43082	M 1	D 0	Y 0	Amount \$20.00
Full Name of Contributor Megan Mooney				Registration Number, if PAC		
Street Address 7703 Slane Ridge Dr.		Employer/Occupation/Labor Organization* Accountant		Form (Cash, Check, etc.) Credit Card		
City Westerville	State OH <input checked="" type="checkbox"/>	Zip Code 43082	M 1	D 0	Y 0	Amount \$50.00
Full Name of Contributor Robyn Bird				Registration Number, if PAC		
Street Address 423 Schwarz Ln.		Employer/Occupation/Labor Organization* Sales		Form (Cash, Check, etc.) Credit Card		
City New Castle	State PA <input checked="" type="checkbox"/>	Zip Code 16105	M 1	D 0	Y 0	Amount \$25.00
Full Name of Contributor Scott Mylin				Registration Number, if PAC		
Street Address 288 E. College Ave.		Employer/Occupation/Labor Organization* Photographer		Form (Cash, Check, etc.) Credit Card		
City Westerville	State OH <input checked="" type="checkbox"/>	Zip Code 43081	M 1	D 0	Y 0	Amount \$200.00
Full Name of Contributor Tim Gose				Registration Number, if PAC		
Street Address 746 Prairie Run Dr.		Employer/Occupation/Labor Organization* Insurance		Form (Cash, Check, etc.) Credit Card		
City Sunbury	State OH <input checked="" type="checkbox"/>	Zip Code 43074	M 1	D 0	Y 0	Amount \$25.00
Full Name of Contributor Kimberly Lauter				Registration Number, if PAC		
Street Address 507 Ridge St.		Employer/Occupation/Labor Organization* Trainer		Form (Cash, Check, etc.) Credit Card		
City Charlottesville	State VA <input checked="" type="checkbox"/>	Zip Code 22902	M 1	D 0	Y 0	Amount \$25.00
Full Name of Contributor David Dubose				Registration Number, if PAC		
Street Address 8139 Saybrook Dr.		Employer/Occupation/Labor Organization* Logistics		Form (Cash, Check, etc.) Credit Card		
City Westerville	State OH <input checked="" type="checkbox"/>	Zip Code 43082	M 1	D 0	Y 0	Amount \$30.00
Full Name of Contributor Elizabeth Von Isser				Registration Number, if PAC		
Street Address 6650 N. Montezuma Dr.		Employer/Occupation/Labor Organization* Artist		Form (Cash, Check, etc.) Credit Card		
City Tucson	State AZ <input checked="" type="checkbox"/>	Zip Code 85718	M 1	D 0	Y 0	Amount \$30.00

* 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)]