

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Friends of Bird</b>							
Full Name of Contributor <b>Rebecca Nye</b>					Registration Number, if PAC		
Street Address <b>4107 Broadview Ct</b>		Employer/Occupation/Labor Organization* <b>Project Manager</b>			Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43230</b>	M <b>1</b>	D <b>1</b>	Y <b>0</b>	Amount <b>\$50.00</b>	
Full Name of Contributor <b>Dr. Scott Ebbrecht</b>					Registration Number, if PAC		
Street Address <b>392 Inglewood Drive</b>		Employer/Occupation/Labor Organization* <b>Educator</b>			Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Westerville</b>	State <b>OH</b>	Zip Code <b>43081</b>	M <b>1</b>	D <b>0</b>	Y <b>2</b>	Amount <b>\$50.00</b>	
Full Name of Contributor <b>OAPSE AFSCME Turnaround Ohio PA LA 1269</b>					Registration Number, if PAC		
Street Address <b>6805 Oak Creek Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43229</b>	M <b>1</b>	D <b>0</b>	Y <b>2</b>	Amount <b>\$250.00</b>	
Full Name of Contributor <b>David Wartel</b>					Registration Number, if PAC		
Street Address <b>201 Baranof W</b>		Employer/Occupation/Labor Organization* <b>Consultant</b>			Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Westerville</b>	State <b>OH</b>	Zip Code <b>43081</b>	M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>\$50.00</b>	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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)]