

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Bird						
Full Name of Contributor Richard E. Bird				Registration Number, if PAC		
Street Address 15552 Royal Coach Circle		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Credit Card	
City North Fort Myers	State FL <input checked="" type="checkbox"/>	Zip Code 33917	M 1	D 0	Y 0	Amount \$50.00
Full Name of Contributor Edward Helvey				Registration Number, if PAC		
Street Address 410 Ashford Drive		Employer/Occupation/Labor Organization* Attorney			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 Tracey King				Registration Number, if PAC		
Street Address 1183 Dolly Court		Employer/Occupation/Labor Organization* Mother			Form (Cash, Check, etc.) Credit Card	
City Westerville	State OH <input checked="" type="checkbox"/>	Zip Code 43081	M 1	D 0	Y 0	Amount \$50.00
Full Name of Contributor Maria Petrozzi				Registration Number, if PAC		
Street Address 6509 Margaret Dr.		Employer/Occupation/Labor Organization* Teacher			Form (Cash, Check, etc.) Credit Card	
City Westerville	State OH <input checked="" type="checkbox"/>	Zip Code 43082	M 0	D 7	Y 2	Amount \$25.00
Full Name of Contributor Phil Needham				Registration Number, if PAC		
Street Address 2786 E. Broad St		Employer/Occupation/Labor Organization* Project Manager			Form (Cash, Check, etc.) Credit Card	
City Bexley	State OH <input checked="" type="checkbox"/>	Zip Code 43209	M 0	D 7	Y 2	Amount \$25.00
Full Name of Contributor Valerie Bird				Registration Number, if PAC		
Street Address 6961 Whitetail Lane		Employer/Occupation/Labor Organization* Project Manager			Form (Cash, Check, etc.) Credit Card	
City Westerville	State OH <input checked="" type="checkbox"/>	Zip Code 43082	M 0	D 7	Y 2	Amount \$25.00
Full Name of Contributor Nancy Nestor- Baker				Registration Number, if PAC		
Street Address 25 S. Vine St.		Employer/Occupation/Labor Organization* Executive Director			Form (Cash, Check, etc.) Check	
City Westerville	State OH <input checked="" type="checkbox"/>	Zip Code 43081	M 0	D 9	Y 0	Amount \$50.00
Full Name of Contributor Michael Collins				Registration Number, if PAC		
Street Address 2500 Meredith Dr.		Employer/Occupation/Labor Organization* Marketing			Form (Cash, Check, etc.) Check	
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43219	M 0	D 9	Y 0	Amount \$50.00

* 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)]