

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Bird							
Full Name of Contributor Rick Bannister					Registration Number, if PAC		
Street Address 124 Hampton Park East		Employer/Occupation/Labor Organization* attorney			Form (Cash, Check, etc.) credit card		
City Westerville	State OH <input checked="" type="checkbox"/>	Zip Code 43081	M 0	D 8	Y 0	Y 4	Amount \$250.00
Full Name of Contributor Tristan Bird					Registration Number, if PAC		
Street Address 1001 Nimbus Drive #9		Employer/Occupation/Labor Organization* Student			Form (Cash, Check, etc.) credit card		
City Pflugerville	State TX <input checked="" type="checkbox"/>	Zip Code 78660	M 0	D 9	Y 0	Y 7	Amount \$50.00
Full Name of Contributor Mollie Lynch					Registration Number, if PAC		
Street Address 722 Winmar Pl. W.		Employer/Occupation/Labor Organization* Project Manager			Form (Cash, Check, etc.) Credit Card		
City Westerville	State OH <input checked="" type="checkbox"/>	Zip Code 43081	M 0	D 9	Y 0	Y 8	Amount \$100.00
Full Name of Contributor Clyde Platt					Registration Number, if PAC		
Street Address 119 N. Vine St.		Employer/Occupation/Labor Organization* Insurance			Form (Cash, Check, etc.) Credit Card		
City Westerville	State OH <input checked="" type="checkbox"/>	Zip Code 43081	M 0	D 9	Y 2	Y 1	Amount \$50.00
Full Name of Contributor Tracy White					Registration Number, if PAC		
Street Address 130 E. Philadelphia Ave Apt. #309		Employer/Occupation/Labor Organization* Caregiver			Form (Cash, Check, etc.) Credit Card		
City Bridgeport	State WV <input checked="" type="checkbox"/>	Zip Code 26330	M 0	D 9	Y 2	Y 5	Amount \$10.00
Full Name of Contributor Eric Emery					Registration Number, if PAC		
Street Address 6829 Whitetail Lane		Employer/Occupation/Labor Organization* sales			Form (Cash, Check, etc.) Credit Card		
City Westerville	State OH <input checked="" type="checkbox"/>	Zip Code 43082	M 0	D 9	Y 2	Y 8	Amount \$100.00
Full Name of Contributor Sue Ellen Kelly					Registration Number, if PAC		
Street Address 642 E College Ave		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) Credit Card		
City Westerville	State OH <input checked="" type="checkbox"/>	Zip Code 43081	M 0	D 9	Y 8	Y 0	Amount \$100.00
Full Name of Contributor John Schmarr					Registration Number, if PAC		
Street Address 6299 Lake Trail Dr		Employer/Occupation/Labor Organization* Treasurer			Form (Cash, Check, etc.) Credit Card		
City Westerville	State OH <input checked="" type="checkbox"/>	Zip Code 43082	M 1	D 0	Y 0	Y 1	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)]