

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full BRESSMAN FOR BOARD									
Full Name of Contributor MICHAEL L BOULWARE						Registration Number, if PAC			
Street Address 2056 THISTLEWOOD DR			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK			
City COLUMBUS		State OH	Zip Code 43235		M 0	D 8	Y 3	Y 1	Y 3
					Amount \$20.00				
Full Name of Contributor DAVID GOLDBERGER						Registration Number, if PAC			
Street Address 338 BLANDFORD DR			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK			
City WORTHINGTON		State OH	Zip Code 43085		M 0	D 8	Y 3	Y 1	Y 3
					Amount \$30.00				
Full Name of Contributor MARY B. GREENLEE						Registration Number, if PAC			
Street Address 878 BLIND BROOK DRIVE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK			
City COLUMBUS		State OH	Zip Code 43235		M 0	D 9	Y 0	Y 7	Y 1
					Amount \$20.00				
Full Name of Contributor STEPHEN R BUCHENROTH						Registration Number, if PAC			
Street Address 2342 COLLINS DR			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK			
City WORTHINGTON		State OH	Zip Code 43085		M 0	D 9	Y 0	Y 7	Y 1
					Amount \$50.00				
Full Name of Contributor JEFFREY R. TEWART						Registration Number, if PAC			
Street Address 1527 NEWCOMER RD			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK			
City COLUMBUS		State OH	Zip Code 43235		M 1	D 0	Y 0	Y 5	Y 1
					Amount \$10.00				
Full Name of Contributor ANTONIO SMITH						Registration Number, if PAC			
Street Address 855 GRANDVIEW AVE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK			
City COLUMBUS		State OH	Zip Code 43215		M 0	D 9	Y 2	Y 4	Y 1
					Amount \$250.00				
Full Name of Contributor JNR ASSOCIATES - JAY RICHARDSON						Registration Number, if PAC			
Street Address 20 S. 3RD ST. SUITE 210			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK			
City COLUMBUS		State OH	Zip Code 43215		M 0	D 8	Y 2	Y 6	Y 1
					Amount \$200.00				
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	Y	Y
		OH							
					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)]