R.C. 3517.10

Statement of Contributions Received

Prescribed by Secretary of State 03/05 ED

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Name of Committee in Full BRESSMAN FOR BOARD 2013 NOV 26 PM 12: 13						
Full Name of Contributor KAREN R. BRESSMAN	FRANKLIN COUNTY BOARD OF SUCCESSION STATES Employer/Occupation/Labor Organization 13			PAC		
Street Address 8633 BROADACRE DRIVE	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.) CHECK		
City POWELL	State OH	Zip Code 43065	M P Y O 7 0 3 1 3	Amount \$500.00		
Full Name of Contributor  DAVID A. BRESSMAN (LAW OFFICES OF DAVID A. BRESSMAN)  Registration Number, if PAC						
Street Address 4230 TULLER ROAD SUITE 101	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) CHECK		
City DUBLIN	State OH	Zip Code 43017	M D Y O 7 0 9 1 3	Amount \$400.00		
Full Name of Contributor  ALAN K VEATCH  Registration Number, if PAC						
Street Address 488 MEDIATION LN	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State OH	Zip Code 43235	0 7 2 3 1 3	Amount \$50.00		
Full Name of Contributor Registration Number, if PAC GEORGE D. NORRIS						
Street Address 31 W. SOUTHINGTON AVE	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)  CHECK		
City WORTHINGTON	State OH	Zip Code 43065	0 7 2 3 1 3	Amount \$50.00		
Full Name of Contributor  Registration Number, if PAC  ROBERT BARKLEY JR						
Street Address 490 EVENING ST	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) CHECK		
City WORTHINGTON	State OH	Zip Code 43085	0 7 2 3 1 3	Amount \$100.00		
Full Name of Contributor  BETSY ANN LINES  Registration Number, if PAC						
Street Address 275 BLANDFORD DR	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City WORTHINGTON	State OH	Zip Code 43085	M D Y O 1 3	Amount \$100.00		
Full Name of Contributor  T. PAGE BRIGHTMAN  Registration Number, if PAC						
Street Address 340 W. SOUTH STREET	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City WORTHINGTON	State OH	Zip Code 43085	M D Y O Y O 7 2 4 1 3	Amount \$50.00		
Full Name of Contributor RICHARD D. TOPPER ATTORNEY-AT-LAW						
Street Address 5132 OLENTANGY RIVER RD	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State OH	Zip Code 43235	M D Y O 7 2 9 1 3	Amount		

Page Total \$1,275.00

<sup>\*</sup> 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)]