

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full BRESSMAN FOR BOARD						
Full Name of Contributor RALPH J KOWNACKI				Registration Number, if PAC		
Street Address 4138 BISHOPSGATE WAY		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City POWELL	State OH	Zip Code 43065	M 0	D 7	Y 2 5 1 3	Amount \$40.00
Full Name of Contributor REBECCA L PRINCEHORN				Registration Number, if PAC		
Street Address 6179 MAXTON PL		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City WORTHINGTON	State OH	Zip Code 43085	M 0	D 8	Y 0 1 1 3	Amount \$50.00
Full Name of Contributor JANET L. HALE				Registration Number, if PAC		
Street Address 6637 MERWIN RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State OH	Zip Code 43235	M 0	D 8	Y 0 1 1 3	Amount \$25.00
Full Name of Contributor SHIRLEY HAMILTON				Registration Number, if PAC		
Street Address 8339 MARWITHE PL		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City NEW ALBANY	State OH	Zip Code 43054	M 0	D 8	Y 0 6 1 3	Amount \$15.00
Full Name of Contributor MELISSA M. CONRATH				Registration Number, if PAC		
Street Address 148 E. SOUTH ST		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City WORTHINGTON	State OH	Zip Code 43085	M 0	D 8	Y 1 5 1 3	Amount \$30.00
Full Name of Contributor CLARICE M. LEWIS				Registration Number, if PAC		
Street Address 2133 STOWBRIDGE RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN	State OH	Zip Code 43016	M 0	D 8	Y 1 4 1 3	Amount \$50.00
Full Name of Contributor PHILIP GIESSLER				Registration Number, if PAC		
Street Address 463 HINSDALE CT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City WORTHINGTON	State OH	Zip Code 43085	M 0	D 8	Y 1 9 1 3	Amount \$25.00
Full Name of Contributor COMMITTEE FOR JIM HUGHES				Registration Number, if PAC		
Street Address 52 E. GAY STREET		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State OH	Zip Code 43215	M 0	D 9	Y 1 0 1 3	Amount \$125.00

* 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)]