31-A
R.C. 3517.10

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full
Madison for Bexley City Council

Full Name of Contributor	Registration Number, if PAC					
Lee E Budin						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
7337 Tumblebrook Dr	Pediatrician					check
City	State	Zip Code	M	D	Y	Amount
New Albany	OH	43054	07	28	11	$50.00
Full Name of Contributor	Registration Number, if PAC					
Suzanne B. Harmon						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
500 S Parkview Ave. #300						check
City	State	Zip Code	M	D	Y	Amount
Bexley	OH	43209	07	28	11	$100.00
Full Name of Contributor	Registration Number, if PAC					
Michael S. Schiff						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
400 S Parkview Rd						check
City	State	Zip Code	M	D	Y	Amount
Bexley	OH	43209	07	28	11	$300.00
Full Name of Contributor	Registration Number, if PAC					
Josh Adkins						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
7707 Aldridge Place						check
City	State	Zip Code	M	D	Y	Amount
Dublin	OH	43017	07	28	11	$50.00
Full Name of Contributor	Registration Number, if PAC					
Seyman L. Stern						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
2728 Brentwood Rd						check
City	State	Zip Code	M	D	Y	Amount
Columbus	OH	43209	07	28	11	$25.00
Full Name of Contributor	Registration Number, if PAC					
Thomas H. Lurie						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
20 S. 3rd St.						check
City	State	Zip Code	M	D	Y	Amount
Columbus	OH	43215	07	20	11	$50.00
Full Name of Contributor	Registration Number, if PAC					
Gary L. Schottenstein						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
2077 Park Hill Drive						check
City	State	Zip Code	M	D	Y	Amount
Columbus	OH	43209	07	20	11	$100.00
Full Name of Contributor	Registration Number, if PAC					
John W. Royer						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
1480 Dublin Rd						check
City	State	Zip Code	M	D	Y	Amount
Columbus	OH	43215	07	20	11	$100.00

* 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)]

Page Total $775.00