

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 Kim J. Haring						Registration Number, if PAC			
Street Address 1430 Castleton Rd N			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check			
City Columbus		State OH	Zip Code 43220		M 0	D 8	Y 0	Y 8	Amount \$100.00
Full Name of Contributor Steven M Weiler						Registration Number, if PAC			
Street Address 135 Preston rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check			
City Columbus		State OH	Zip Code 43209		M 0	D 8	Y 0	Y 8	Amount \$100.00
Full Name of Contributor Andrew B Bloch						Registration Number, if PAC			
Street Address 14569 Benefit St Unit 213			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check			
City Sherman Oaks,		State CA	Zip Code 91403		M 0	D 8	Y 0	Y 8	Amount \$60.00
Full Name of Contributor Brian N. Marsh						Registration Number, if PAC			
Street Address 167 N. Remington Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check			
City Bexley		State OH	Zip Code 43209		M 0	D 8	Y 2	Y 2	Amount \$250.00
Full Name of Contributor David S. Powers						Registration Number, if PAC			
Street Address 2655 Brentwood Rd.			Employer/Occupation/Labor Organization* Real Estate Agent			Form (Cash, Check, etc.) check			
City Bexley		State OH	Zip Code 43209		M 0	D 8	Y 2	Y 5	Amount \$250.00
Full Name of Contributor Kitty W. Soldano						Registration Number, if PAC			
Street Address 2245 Bryden Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check			
City Bexley		State OH	Zip Code 43209		M 0	D 8	Y 2	Y 4	Amount \$50.00
Full Name of Contributor Bruce Meyer						Registration Number, if PAC			
Street Address 150 Ashbourne Road			Employer/Occupation/Labor Organization* pediatrncian			Form (Cash, Check, etc.) check			
City Bexley		State OH	Zip Code 43209		M 0	D 8	Y 2	Y 4	Amount \$25.00
Full Name of Contributor Kristin E. Rosen						Registration Number, if PAC			
Street Address 192 Farmwood Place			Employer/Occupation/Labor Organization* lawyer			Form (Cash, Check, etc.) check			
City Gahanna		State OH	Zip Code 43230		M 0	D 8	Y 2	Y 4	Amount \$250.00

* 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 **\$1,085.00**