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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 Shirlie Levitin			Registration Number, if PAC	
Street Address 2451 NW 58th St Apt 406	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) check
City Boca Raton	State FL	Zip Code 33496	0 7 1 0 1 1	Amount \$25.00
Full Name of Contributor Miriam S Yenkin Registration Number, if PAC				
Street Address 2720 Brentwood Rd	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check
City Bexley	State OH	Zip Code 43209	0 7 1 0 1 1	Amount \$100.00
Full Name of Contributor Pagistration Number, if PAC Jan Zupnick				
Street Address 77 S Cassady Ave	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) check
City Bexley	State OH	Zip Code 43209	$ \begin{array}{c c c c} M & D & Y \\ \hline 0 & 7 & 1 & 0 & 1 & 1 \end{array} $	Amount \$50.00
Full Name of Contributor Nancy C Dressel Registration Number, if PAC				
Street Address 212 North Remington Road	Employer/Occu	pation/Labor Organization *		Form (Cash, Check, etc.) check
City Bexley	State OH	Zip Codc 43209	0 7 1 0 1 1	Amount \$25.00
Full Name of Contributor Source R shenk Registration Number, if PAC				
Street Address 264 n Drexel Ave	Employer/Occu	pation/Labor Organization •	•	Form (Cash, Check, etc.) check
City Bexley	State OH	Zip Code 43209	0 7 1 0 1 1	Amount \$100.00
ull Name of Contributor Registration Number, James J Lifter				AC
Street Address 277 S Cassingham Rd	Employer/Occupation/Labor Organization		· · · · · · · · · · · · · · · · · · ·	Form (Cash, Check, etc.) check
City Bexley	State OH	Zip Code 43209	0 7 1 0 1 1	Amount \$20.00
Full Name of Contributor John B Rohyans Registration Number, if PAC				
Street Address 75 Meadow Park	Employer/Occupation/Labor Organization* attorney			Form (Cash, Check, etc.) check
City Bexley	Staire OH	Zip Code 43209	0 7 1 0 1 1	Amount \$50.00
Full Name of Contributor Registration Number, if PAC Victor Goodman				
Street Address 7482 King George Drive	Employer/Occu	spation/Labor Organization*		Form (Cash, Check, etc.) check
City New Albany	State OH	Zip Code 43054	M D Y 1 0 1 1	Amount \$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)]