

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 Gregory Gorospe						Registration Number, if PAC			
Street Address 667 Parkedge Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) credit card		
City Gahanna		State OH	Zip Code 43230		M 0	D 8	Y 1	Y 8	Amount \$50.00
Full Name of Contributor Lee Hess						Registration Number, if PAC			
Street Address 141 E Town St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) credit card		
City Columbus		State OH	Zip Code 43215		M 0	D 8	Y 1	Y 4	Amount \$100.00
Full Name of Contributor P Jon Meyer						Registration Number, if PAC			
Street Address 85 Stanbery Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) credit card		
City Bexley		State OH	Zip Code 43209		M 0	D 8	Y 0	Y 4	Amount \$150.00
Full Name of Contributor Michelle Kusma						Registration Number, if PAC			
Street Address 2765 Brentwood Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) credit card		
City Bexley		State OH	Zip Code 43209		M 0	D 8	Y 2	Y 7	Amount \$50.00
Full Name of Contributor John Fulton						Registration Number, if PAC			
Street Address 49 N Merkle Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) credit card		
City Bexley		State OH	Zip Code 43209		M 0	D 5	Y 0	Y 3	Amount \$3.00
Full Name of Contributor Joshua Greenberg						Registration Number, if PAC			
Street Address 36 South Ardmore			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43209		M 0	D 3	Y 0	Y 1	Amount \$100.00
Full Name of Contributor David A Goldstein						Registration Number, if PAC			
Street Address 150 S Roosevelt			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Bexley		State OH	Zip Code 43209		M 0	D 2	Y 2	Y 0	Amount \$250.00
Full Name of Contributor Scott W Schiff						Registration Number, if PAC			
Street Address 115 W Main St Suite 100			Employer/Occupation/Labor Organization* attorney				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43215		M 0	D 6	Y 0	Y 1	Amount \$500.00

* 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 **\$1,203.00**