

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 Susanne Kondracke					Registration Number, if PAC		
Street Address 2327 Boston Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) paypal		
City Bexley	State OH	Zip Code 43209	M 1	D 0	Y 1	Amount \$100.00	
Full Name of Contributor Jon Diamond					Registration Number, if PAC		
Street Address 10295 Collins Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) paypal		
City Bal Harbor	State FL	Zip Code 33154	M 1	D 0	Y 1	Amount \$250.00	
Full Name of Contributor Gary Beckman					Registration Number, if PAC		
Street Address 2461 Fair Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) paypal		
City Bexley	State OH	Zip Code 43209	M 1	D 0	Y 1	Amount \$100.00	
Full Name of Contributor Patti Masarek					Registration Number, if PAC		
Street Address 42 Tannery Ln.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Weston	State ct	Zip Code 06883	M 1	D 0	Y 1	Amount \$200.00	
Full Name of Contributor Richard Neustadt					Registration Number, if PAC		
Street Address 93 Bishop Square		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Bexley	State OH	Zip Code 43209	M 1	D 0	Y 1	Amount \$100.00	
Full Name of Contributor Harlen Robins					Registration Number, if PAC		
Street Address 25 Sessions Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Bexley	State OH	Zip Code 43209	M 1	D 0	Y 1	Amount \$100.00	
Full Name of Contributor Elaine Lewin					Registration Number, if PAC		
Street Address 4 Lyonsgate		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43209	M 1	D 0	Y 1	Amount \$100.00	
Full Name of Contributor Heidi Levey					Registration Number, if PAC		
Street Address 2533 Bryden Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43209	M 1	D 0	Y 1	Amount \$50.00	

* 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 **\$1,000.00**