

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 Tod H. Friedman				Registration Number, if PAC		
Street Address 356 S. Parkview Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Bexley	State OH	Zip Code 43209	M 0	D 8	Y 2	Amount \$300.00
Full Name of Contributor Marjorie L. Garek				Registration Number, if PAC		
Street Address 1631 Roxbury Road Apt F1		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Marble Cliff	State OH	Zip Code 43212	M 0	D 8	Y 2	Amount \$250.00
Full Name of Contributor Nancy S. Rapport				Registration Number, if PAC		
Street Address 2523 Sherwood Rd		Employer/Occupation/Labor Organization* counselor			Form (Cash, Check, etc.) check	
City Bexley	State OH	Zip Code 43209	M 0	D 8	Y 2	Amount \$50.00
Full Name of Contributor Gordon Zacks				Registration Number, if PAC		
Street Address 5742 NW 24th Avenue #504		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Boca Raton	State FL	Zip Code 33496	M 0	D 8	Y 2	Amount \$250.00
Full Name of Contributor Michael S. Hoy				Registration Number, if PAC		
Street Address 2629 Bexley Park Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Bexley	State OH	Zip Code 43209	M 0	D 8	Y 2	Amount \$100.00
Full Name of Contributor Frank J. Reed Jr.				Registration Number, if PAC		
Street Address 10 West Broad Suite 2300		Employer/Occupation/Labor Organization* attorney			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43215	M 0	D 8	Y 2	Amount \$250.00
Full Name of Contributor Jack Lucks				Registration Number, if PAC		
Street Address 150 E Broad Suite 200		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43215	M 0	D 8	Y 0	Amount \$100.00
Full Name of Contributor Citizens for Mongo (Ross A Chambers)				Registration Number, if PAC		
Street Address 12364 Thoroughbred Drive		Employer/Occupation/Labor Organization* Treasurer			Form (Cash, Check, etc.) check	
City Pickerington	State OH	Zip Code 43147	M 0	D 7	Y 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)]

Page Total **\$1,400.00**