

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 William J Hoyer							Registration Number, if PAC		
Street Address 120 S. Cassingham Rd				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Bexley		State OH		Zip Code 43209		M 0		D 9	
						Y 1		Y 1	
							Amount \$100.00		
Full Name of Contributor John M Haseley							Registration Number, if PAC		
Street Address 85 S Remington Rd				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Bexley		State OH		Zip Code 43209		M 0		D 9	
						Y 1		Y 1	
							Amount \$100.00		
Full Name of Contributor Shauna Lehman							Registration Number, if PAC		
Street Address 178 Stanbery Ave				Employer/Occupation/Labor Organization* Interior Decorator				Form (Cash, Check, etc.) check	
City Bexley		State OH		Zip Code 43209		M 0		D 9	
						Y 1		Y 1	
							Amount \$100.00		
Full Name of Contributor Lisa C Elliott							Registration Number, if PAC		
Street Address 354 N Drexel Ave				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Bexley		State OH		Zip Code 43209		M 0		D 9	
						Y 1		Y 1	
							Amount \$100.00		
Full Name of Contributor Leslie E Fulford							Registration Number, if PAC		
Street Address 2725 E Broad St				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Bexley		State OH		Zip Code 43209		M 0		D 9	
						Y 1		Y 1	
							Amount \$100.00		
Full Name of Contributor John E Phay							Registration Number, if PAC		
Street Address 2795 E Broad St				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Bexley		State OH		Zip Code 43209		M 0		D 9	
						Y 1		Y 1	
							Amount \$100.00		
Full Name of Contributor Jonathan B Feibel							Registration Number, if PAC		
Street Address 363 S Drexel Ave				Employer/Occupation/Labor Organization* orthopedic surgeon				Form (Cash, Check, etc.) check	
City bexley		State OH		Zip Code 43209		M 0		D 9	
						Y 1		Y 1	
							Amount \$50.00		
Full Name of Contributor Christopher E Peters							Registration Number, if PAC		
Street Address 158 S Stanwood Rd				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Bexley		State OH		Zip Code 43209		M 0		D 9	
						Y 1		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 **\$750.00**