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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Madison for Royley city Council	············			
Madison for Bexley city Council			Registration Number, if P.	AC .
Full Name of Contributor Roger Hoy			registration Number, 11 P.	
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
113 S Ardmore Rd				check
City Bexley	State OH	Zip Code 43209	1 0 1 2 1 1	Amount \$25.00
Full Name of Contributor	<u> </u>		Registration Number, if P.	AC
Erick Zanner				Form (Cast Ct 1
Street Address 316 S Roosevelt Ave	Employer/Occu	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City	State	Zip Code	M D Y	Amount
Bexley	OH	43209	1 0 1 2 1 1	\$50.00
Full Name of Contributor Robert J Meyers	<u> </u>		Registration Number, if P.	AC
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)
136 Stanbery Ave		- 1 ₂ . × .	- 1.2 1.4 1.4	check
City bexley	State OH	Zip Code 43209	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	Amount \$100.00
Full Name of Contributor		-	Registration Number, if P	AC
David B Ornstein				Form (Cash, Check, etc.)
Street Address 155 S Roosevelt Ave	EmployenOccu	ipation/Labor Organization*		check
City City	State	Zip Code	M D Y	Amount
Bexley	ОН	43209		\$50.00
Full Name of Contributor Susan J Bone			Registration Number, if P	AC
Street Address	Employer/Occu	upation/Labor Organization*		Form (Cash, Check, etc.)
96 S Remington Rd		17: 0 :	- 1	check
City Bexley	State OH	Zip Code 43209	1 0 0 9 1 1	Amount \$100.00
Full Name of Contributor	· ·		Registration Number, if P	AC
Merome Brachman				
Street Address 311 N Drexel Ave	Employer/Occu	apation/Labor Organization*		Form (Cash. Check, etc.) check
City	State	Zip Code 43209	1 0 0 9 1 1	Amount \$75.00
Bexley	<u>ОН</u>	40208	Registration Number, if P	
Full Name of Contributor James H Gross			Registration Number, if b	nc .
Street Address	Employer/Occu	upation/Labor Organization*		Form (Cash, Check, etc.)
5 Sessions Drive			<u></u>	check
City Columbus	State OH	Zip Code 43209	1 0 0 9 1 1	Amount \$25.00
Full Name of Contributor Bart Snow			Registration Number, if P	AC
Street Address 767 College Ave	Employer/Occu	upation/Labor Organization*		Form (Cash, Check, etc.)
City Bexley	State OH	Zip Code 43209	0 9 1 7 1 1	Amount \$60.00

^{*} 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)]