

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 Constance L. Tuckerman						Registration Number, if PAC	
Street Address 52 N Columbia Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Bexley		State OH	Zip Code 43209	M 0	D 9	Y 0 6 1 1	Amount \$50.00
Full Name of Contributor Kathryn C. Davis						Registration Number, if PAC	
Street Address 36 Ashbourne Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Bexley		State OH	Zip Code 43209	M 0	D 9	Y 0 6 1 1	Amount \$100.00
Full Name of Contributor Samuel H. Shamansky						Registration Number, if PAC	
Street Address 511 South High St			Employer/Occupation/Labor Organization* attorney			Form (Cash, Check, etc.) check	
City Columbus		State OH	Zip Code 43215	M 0	D 9	Y 0 6 1 1	Amount \$1,000.00
Full Name of Contributor Murray A. Davis						Registration Number, if PAC	
Street Address 360 South Columbia Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Bexley		State OH	Zip Code 43209	M 0	D 9	Y 0 2 1 1	Amount \$250.00
Full Name of Contributor Patricia Connor Giannakopoulos						Registration Number, if PAC	
Street Address 115 South Columbia			Employer/Occupation/Labor Organization* pediatrician			Form (Cash, Check, etc.) check	
City Bexley		State OH	Zip Code 43209	M 0	D 9	Y 0 6 1 1	Amount \$250.00
Full Name of Contributor Sarah Windels Ziegler						Registration Number, if PAC	
Street Address 386 N Parkview Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Bexley		State OH	Zip Code 43209	M 0	D 9	Y 2 7 1 1	Amount \$500.00
Full Name of Contributor Adam H. Lewin						Registration Number, if PAC	
Street Address 2690 Bryden Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City columbus		State OH	Zip Code 43209	M 0	D 9	Y 2 7 1 1	Amount \$250.00
Full Name of Contributor Jennifer G Wasswestrom						Registration Number, if PAC	
Street Address 201 N. Drexel Ave.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Bexley		State OH	Zip Code 43209	M 0	D 9	Y 0 9 1 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 **\$2,500.00**