

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				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Bexley		State OH		Zip Code 43209		M 0		D 5	
						Y 2		Y 5	
						Y 1		Y 1	
							Amount \$200.00		
Full Name of Contributor Ronald A Robins							Registration Number, if PAC		
Street Address 464 East Main St Ste 100				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Columbus		State OH		Zip Code 43215		M 0		D 5	
						Y 2		Y 5	
						Y 1		Y 1	
							Amount \$50.00		
Full Name of Contributor Norton Webster							Registration Number, if PAC		
Street Address 155 West Main St				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Columbus		State OH		Zip Code 43215		M 0		D 6	
						Y 1		Y 5	
						Y 1		Y 1	
							Amount \$100.00		
Full Name of Contributor Barbara Giller							Registration Number, if PAC		
Street Address 210 Stanbery				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Bexley		State OH		Zip Code 43209		M 0		D 5	
						Y 1		Y 5	
						Y 1		Y 1	
							Amount \$100.00		
Full Name of Contributor Andrew Madison							Registration Number, if PAC		
Street Address 2476 Bexley Park Rd				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Bexley		State OH		Zip Code 43209		M 0		D 5	
						Y 1		D 4	
						Y 1		Y 1	
							Amount \$500.00		
Full Name of Contributor Lois Greenblott							Registration Number, if PAC		
Street Address 2520 E Broad St				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Bexley		State OH		Zip Code 43209		M 0		D 5	
						Y 1		D 5	
						Y 1		Y 1	
							Amount \$100.00		
Full Name of Contributor Beatrice I Weiler							Registration Number, if PAC		
Street Address 9000 Rivers End				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Powell		State OH		Zip Code 43085		M 0		D 7	
						Y 1		D 0	
						Y 1		Y 1	
							Amount \$100.00		
Full Name of Contributor Laurene E Baum							Registration Number, if PAC		
Street Address 6939 New Albany Rd E,				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City New Albany		State OH		Zip Code 43064		M 0		D 7	
						Y 1		D 0	
						Y 1		Y 1	
							Amount \$25.00		

* 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 **\$1,175.00**