

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 Barbara B. Lach							Registration Number, if PAC		
Street Address 3910 Lyon Drive				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Columbus		State OH		Zip Code 43220		M 0		D 7	
						Y 1		Amount \$50.00	
Full Name of Contributor Laura Greenblott							Registration Number, if PAC		
Street Address 2618 Brentwood Rd				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Bexley		State OH		Zip Code 43209		M 0		D 7	
						Y 1		Amount \$100.00	
Full Name of Contributor Alan Rosen							Registration Number, if PAC		
Street Address 95 N Remington rd				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City bexley		State OH		Zip Code 43209		M 0		D 7	
						Y 1		Amount \$100.00	
Full Name of Contributor Brooke Bodney							Registration Number, if PAC		
Street Address 685 City Park Ave				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Columbus		State OH		Zip Code 43209		M 0		D 7	
						Y 1		Amount \$100.00	
Full Name of Contributor William J Morris							Registration Number, if PAC		
Street Address 99 S Merkle Rd				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Bexley		State OH		Zip Code 43209		M 0		D 7	
						Y 1		Amount \$50.00	
Full Name of Contributor Preston D Gurwin							Registration Number, if PAC		
Street Address 2658 Bexley Park Rd				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Bexley		State OH		Zip Code 43209		M 0		D 7	
						Y 1		Amount \$25.00	
Full Name of Contributor Judy Garel							Registration Number, if PAC		
Street Address 12 Lyonsgate road				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Bexley		State OH		Zip Code 43209		M 0		D 7	
						Y 1		Amount \$50.00	
Full Name of Contributor Linda S Kass							Registration Number, if PAC		
Street Address 267 N Parkview				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Bexley		State OH		Zip Code 43209		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 **\$575.00**