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## **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  Julie T. Heilman			Registration Number, if I	PAC	
Street Address 130 S. Columbia	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) check	
City Bexley	State OH	Zip Code 43209	0 9 1 6 1 1	Amount \$100.00	
Full Name of Contributor  Matthew D. Minken	·		Registration Number, if I	PAC	
Street Address 309 S. Ardmore Rd	Employer/Occu	Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) check	
City Bexley	State OH	Zip Code 43209	0 9 1 6 1 1	Amount \$50.00	
Full Name of Contributor  Dr. Richard Rosenthal					
Street Address 2978 E. Broad St		Employer/Occupation/Labor Organization optometrist		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43209	0 9 1 4 1 1	Amount \$250.00	
Full Name of Contributor  Scott Solomon  Registration Number, if PAC					
Street Address 2668 Bexley Park	Employer/Occi	pation/Labor Organization		Form (Cash, Check, etc.) check	
City Columbus	Stație OH	Zip Code 43209	0 8 2 7 1 1	Amoum \$100.00	
Full Name of Contributor Robert Brown			Registration Number, if	PAC	
Street Address 2434 Bryden Road	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)	
City Bexley	State OH	Zip Code 43209	$\begin{bmatrix} M \\ 0 \end{bmatrix} \begin{bmatrix} 9 \\ 1 \end{bmatrix} \begin{bmatrix} 7 \\ 1 \end{bmatrix} \begin{bmatrix} 1 1 \end{bmatrix} \begin{bmatrix} 1 \end{bmatrix} \begin{bmatrix} 1 \\ 1 \end{bmatrix} \begin{bmatrix} 1 \end{bmatrix} \begin{bmatrix} 1 \end{bmatrix} \begin{bmatrix} 1 \\ 1 \end{bmatrix} \begin{bmatrix} 1 \end{bmatrix} $	Amount \$60.00	
Full Name of Contributor  Cassandra Brigdon  Registration Number, if				PAC	
Street Address 2416 Commonwealth Park N.	Employer/Occu	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Bexley	State OH	Zip Code 43209	0 9 1 7 1 1	Amount \$150.00	
Full Name of Contributor Michael Weinstock	_		Registration Number, if		
Street Address 190 S. Drexel Ave.	Employer/Occu	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City Bexley	State OH	Zip Code 43209	0 9 1 7 1 1	Amount \$50.00	
Full Name of Contributor Daniel Ferdelman			Registration Number, if		
Street Address 2550 Bryden Rd	Employer/Occi	upation/Labor Organization		Form (Cash, Check, etc.) check	
City Bexley	Staire OH	Zip Code 43209	0 9 1 7 1 1	Amount \$40.00	

Page Total \$800.00

<sup>\*</sup> 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)]