31-A						
RC	3517	10				

Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full Madison for Bexley City Council					
Full Name of Contributor Rober J Weiler			Registration Number, if F	AC	
Street Address 41 S. High St	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43215	0 7 1 4 1 1	Amount \$200.00	
Full Name of Contributor April Scopetti	Registration Number, if F				
Street Address 10715 Campden Lakes Blvd	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) check	
City Dublin	State OH	Zip Code 43018	0 7 1 4 1 1	Amount \$50.00	
Full Name of Contributor Todd Robert Emoff Registration Number, if PAC					
Street Address 1123 Sleeping Meadows Drive	Employer/Occi	pation/Labor Organization		Form (Cash, Check, etc.) check	
City New Albany	State OH	Zip Code 43054	$\begin{bmatrix} 0 & 7 & 1 & 4 & 1 \end{bmatrix} 1$	Amount \$50.00	
Full Name of Contributor Registration Number, if PAC Brian Miller					
Street Address 326 S High St	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43215	0 7 1 4 1 1	Amount \$50.00	
Full Name of Contributor Registration Mark J. Palmer			Registration Number, if		
Street Address 2836 Elm St	Employer/Occi	pation/Labor Organization		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43209	$\begin{bmatrix} 0 & 7 & 1 & 4 & 1 \end{bmatrix}$	\$50.00	
Full Name of Contributor Mark A. Serrott				PAC	
Street Address 789 Northwest Blvd. A	Employer/Occi	upation/Labor Organization ⁴		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43212	0 7 1 4 1 1	Amount \$100.00	
Full Name of Contributor Jerry W. White			Registration Number, if		
Street Address 5710 Highland Lakes Avenue	Employer/Occi	upation/Labor Organization*		Form (Cash, Check, etc.) check	
City Westerville	State OH	Zip Code 43082	M D Y 1 4 1 1	Amount \$100.00	
Full Name of Contributor Stuart A. Keller			Registration Number, if		
Street Address 354 South Merkle Rd.	Employer/Occ	upation/Labor Organization*		Form (Cash, Check, etc.)	
City Bexley	State OH	Zip Code 43209	M D Y 1 1 1 1	Amount \$50.00	

Page Total \$650.00

^{*} 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)]