

FOR PAPER FILING ONLY

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 Urban Moves LLC (Victoria Harris)				Registration Number, if PAC	
Street Address 2354 East MAIn St		Employer/Occupation/Labor Organization* owner personal training		Form (Cash, Check, etc.) check	
City bexley	State OH <input checked="" type="checkbox"/>	Zip Code 43209	M 0	D 9	Y 1 7 1 1
				Amount 50.00	
Full Name of Contributor Thomas G Hayden				Registration Number, if PAC	
Street Address 2640 Sherwood rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Bexley	State OH <input checked="" type="checkbox"/>	Zip Code 43209	M 0	D 9	Y 1 7 1 1
				Amount 100.00	
Full Name of Contributor Michael Russo				Registration Number, if PAC	
Street Address 2332 Bryden Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Bexley	State OH <input checked="" type="checkbox"/>	Zip Code 43209	M 0	D 9	Y 1 7 1 1
				Amount 100.00	
Full Name of Contributor Tamera Pedon				Registration Number, if PAC	
Street Address 373 S Drexel Ave		Employer/Occupation/Labor Organization* teacher CSG		Form (Cash, Check, etc.) check	
City Bexley	State OH <input checked="" type="checkbox"/>	Zip Code 43209	M 0	D 9	Y 1 7 1 1
				Amount 100.00	
Full Name of Contributor Anny A. Hoffman				Registration Number, if PAC	
Street Address 2722 Bexley Park		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Bexley	State OH <input checked="" type="checkbox"/>	Zip Code 43209	M 0	D 9	Y 1 7 1 1
				Amount 100.00	
Full Name of Contributor Peter E Klingelhofer				Registration Number, if PAC	
Street Address 2355 Sherwood rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Bexley	State OH <input checked="" type="checkbox"/>	Zip Code 43209	M 0	D 9	Y 1 7 1 1
				Amount 100.00	
Full Name of Contributor Yancy K. Toney				Registration Number, if PAC	
Street Address 346 S Drexel Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Bexley	State OH <input checked="" type="checkbox"/>	Zip Code 43209	M 0	D 9	Y 1 7 1 1
				Amount 100.00	
Full Name of Contributor Leslie G Janco				Registration Number, if PAC	
Street Address 142 n Ardmore Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Bexley	State OH <input checked="" type="checkbox"/>	Zip Code 43209	M 0	D 9	Y 1 7 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)]