

Ohio Campaign Finance Report

All pages of a report must be numbered in consecutive order with this Cover Sheet as page one. Do not number pages of receipts/checks

Full Name of Committee <i>Madigan for Ward 4</i>						Registration Number, IF STATE PAC	
Full Name and Street Address of Treasurer, including city and zip code <i>Cynthia Marx 1587 Grace Ave Lakewood, Ohio 44107</i>							
IF CANDIDATE'S COMMITTEE: Full Name and Street Address of Candidate, including city and zip code <i>Mary Louise Madigan 12900 Lake Ave Lakewood, Ohio 44107</i>							
IF CANDIDATE'S COMMITTEE: Office Sought and Municipality, Subdivision or District Number assigned, if known. <i>Lakewood City Council Ward 4</i>				IF ISSUE'S COMMITTEE: Municipality, Subdivision or District and Issue			
Type of Report (place X to left of report type)	Pre-Primary	Post-Primary	Pre-General	X	Post-General	Annual Year	
	Special	July Monthly	August Monthly		September Monthly	Termination	
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Date of Election: <i>11-06-07</i>	

For candidates only: During an election year, if total contributions and expenditures each total \$500 or less during the combined pre and post period at one election, and the committee can terminate with a zero balance and no outstanding loans, only this cover page with the appropriate figures shown needs to be filed. No other forms are required at a post primary or post general period, if the above statement applies. See ORC 3517.10 (f) for details.

1. Amount brought forward from last report	\$	6136	34	✓
2. Total monetary contributions (From Form No. 31-A)	\$	—0	—	
3. Total other income (From Form No. 31-A-2)	\$	—0	—	
4. Total funds available (sum of lines 1, 2, 3)	\$	6136	34	✓
5. Total monetary expenditures (From Form No. 31-B)	\$	295	00	
6. Balance on hand (line 4 minus line 5)	\$	5841	34	✓
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$			
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$			
9. Outstanding loans owed by committee (From Form No. 31-C)	\$			
10. Outstanding debts owed by committee (From Form No. 31-N)	\$			
11. Outstanding loans owed to committee (From Form No. 31-K)	\$			
12. Value of Independent expenditures made (From Form No. 31-U)	\$			
13. FOR ELECTRONIC FILING ENTITIES ONLY Sum of lines 2, 7, and amount of any new loans received this period.	\$			

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

CYNTHIA MARX TREAS.
Print Name and Title (Treasurer or Deputy Treasurer only)

Cynthia Marx, Treas.
Signature

12-16-07
Date

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Madigan for Ward 4</i>							
To Whom Paid <i>BOE</i>				M	D	Y	Amount
				0	6	29	07 45.00
Address <i>2925 Euclid Ave</i>		Purpose <i>filing for general election</i>					
City <i>Cleveland</i>		State <i>OH</i>	Zip Code <i>44115</i>	Check Number <i>114</i> ✓			
To Whom Paid <i>Lakewood Historical Society</i>				M	D	Y	Amount
				0	7	26	07 50.00
Address <i>14710 Lake Ave</i>		Purpose <i>Lakewood Preservation Fund Donation</i>					
City <i>Lakewood</i>		State <i>OH</i>	Zip Code <i>44107</i>	Check Number <i>117</i> ✓			
To Whom Paid <i>Lakewood Community Festival Inc</i>				M	D	Y	Amount
				0	9	07	07 100.00
Address <i>60 Susan Butler 1437 Arthur Ave.</i>		Purpose <i>donation</i>					
City <i>Lakewood</i>		State <i>OH</i>	Zip Code <i>44107</i>	Check Number <i>102</i> ✓			
To Whom Paid <i>Lakewood Christian Services</i>				M	D	Y	Amount
				0	9	07	07 100.00
Address <i>1412 Marlowe Ave</i>		Purpose <i>donation</i>					
City <i>Lakewood</i>		State <i>OH</i>	Zip Code <i>44107</i>	Check Number <i>103</i> ✓			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			