Pave	22

## **Statement of Contributions Received**

Prescribed by Secretary of State 03/05

Name of Committee in Full Madison for City Council				
Full Name of Contributor			Registration Number, if I	PAC
Diane D Niermeyer				-
Street Address 252 S PArkview Ave	Employer/Occu	apation/Labor Organization*		Form (Cash, Check, etc.) check
City Bexley	State OH	Zíp Code 43209	0 7 1 0 1 1	Amount \$100.00
Full Name of Contributor	<u>-</u>	1	Registration Number, if I	PAC
Michael D Bloch				_
Street Address 140 Park Drive	Employer/Occu	Employen/Occupation/Labor Organization*		Fonn (Cash, Check, etc.) check
	State	[2]- C- I-		Amount
City Colubmus	OH	Zip Code 43209	0 7 1 0 1 1	\$100.00
Full Name of Contributor George N Simpson			Registration Number, if	PAC
Street Address	Employer/Occi	upation/Labor Organization*		Form (Cash, Check, etc.)
258 S Drexel Ave	Employence	Sparrow Cattor Organization		check
City Bexley	State OH	Zip Code 43209	0 7 1 0 1 1	Amount \$100.00
Full Name of Contributor			Registration Number, if	PAC
Dr Ronald Erkis				
Street Address	Employer/Occu	apation/Labor Organization*		Form (Cash, Check, etc.)
50 Ashbourne Rd	6.	Ter o I		check
City bexley	State OH	Zip Code 43209		Amount \$150.00
Full Name of Contributor			Registration Number, if	PAC
Herbert Glimcher				
Street Address	Employer/Occu	upation/Labor Organization*		Form (Cash, Check, etc.)
10 n Drexel Ave				check
City	Stațe	Zip Code 43209	0 7 1 0 1 1	Amount \$200.00
Columbus	OH <sub>.</sub>	40209	Registration Number, if	
Full Name of Contributor Robert H jeffrey			Registration (validet, if	rac
Street Address	Employer/Occi	upation/Labor Organization*		Form (Cash, Check, etc.)
88 East Broad St				check
City Columbus	State OH	Zip Code 43215	0 7 1 0 1 1	Amount \$100.00
Full Name of Contributor		1	Registration Number, if	PAC
James C Jacobs				
Street Address	Employer/Occo	Employer/Occupation/Labor Organization*		Form (Cash. Check, etc.)
20290 Fairway Oaks Dr apt 252			· · · · · · · · · · · · · · · · · · ·	check
City Boca raton	Stape FL	Zip Code 33434		Amount \$50.00
Full Name of Contributor Robert L Shook	1	•	Registration Number, if	PAC
Street Address	EmployaeiOaas	upation/Labor Organization*		Form (Cash, Check, etc.)
261 S Columbia	Employer/Occi	араполицация олданізация		check
City	State	Zip Code	M D Y	Amount
Bexley	OH	43209	0 7 1 0 1 1	\$50.00

<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)]