

# In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Gergley for Gahanna</b>				
Full Name of Contributor <b>Jeannie Hoffman</b>		Employer, Occupation, Labor Organization* <b>Jeannie Custom</b>		Registration Number, if PAC
Street Address <b>82 Mill Street, Suite D</b>		Description of Item or Service <b>Magnets</b>		M   D   Y   Fair Market Value <b>0   6   2   4   1   3   \$50.00</b>
City <b>Gahanna</b>		State <b>OH</b>	Zip Code <b>43230</b>	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor <b>Joseph Gergley</b>		Employer, Occupation, Labor Organization* <b>Boars Head</b>		Registration Number, if PAC
Street Address <b>1279 Shull Rd</b>		Description of Item or Service <b>Website</b>		M   D   Y   Fair Market Value <b>0   8   0   1   1   3   \$90.00</b>
City <b>Gahanna</b>		State <b>OH</b>	Zip Code <b>43230</b>	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor <b>Joseph Gergley</b>		Employer, Occupation, Labor Organization* <b>Boars Head</b>		Registration Number, if PAC
Street Address <b>1279 Shull</b>		Description of Item or Service <b>Poll</b>		M   D   Y   Fair Market Value <b>1   0   1   5   1   3   \$350.00</b>
City <b>Gahanna</b>		State <b>OH</b>	Zip Code <b>43230</b>	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State <b>OH</b>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
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Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State <b>OH</b>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
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City		State <b>OH</b>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
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Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State <b>OH</b>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State <b>OH</b>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]

Page Total **\$490.00**