31-B
R.C. 3517.10

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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Gergley for Gahanna							
To Whom Paid				M	D	Y	Amount
Huntington				0 7	1 5	1 6	3.00
Address	Purpose						
380 S. Hamilton	Bank Fees						
City	State	Zip Code	Check Number				
Gahanna	o h	43230					
To Whom Paid				M	D	Y	Amount
Huntington				0 8	1 5	1 6	3.00
Address	Purpose						
380 S. Hamilton	Bank Fees						
City	State	Zip Code	Check Number				
Gahanna	o h	43230					
To Whom Paid				M	D	Y	Amount
Huntington				0 9	1 5	1 6	3.00
Address	Purpose						
380 S. Hamilton	Bank Fees						
City	State	Zip Code	Check Number				
Gahanna	o h	43230					
To Whom Paid				M	D	Y	Amount
Huntington				1 0	1 5	1 6	3.00
Address	Purpose						
380 S. Hamilton	Bank Fees						
City	State	Zip Code	Check Number				
Gahanna	o h	43230					
To Whom Paid				M	D	Y	Amount
Huntington				1 1	1 5	1 6	3.00
Address	Purpose						
380 S. Hamilton	Bank Fees						
City	State	Zip Code	Check Number				
Gahanna	o h	43230					
To Whom Paid				M	D	Y	Amount
Huntington				1 2	1 5	1 6	3.00
Address	Purpose						
380 S. Hamilton	Bank Fees						
City	State	Zip Code	Check Number				
Gahanna	o h	43230					
To Whom Paid				M	D	Y	Amount
Kromer for Council				0 1	3 0	1 7	195.23
Address	Purpose						
	Donation						
City	State	Zip Code	Check Number				
Gahanna	o h	43230					
To Whom Paid				M	D	Y	Amount
Address	Purpose						
City	State	Zip Code	Check Number				

Page Total $ 213.23