

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Gergley for Gahanna							
Full Name of Contributor Glenn Reid					Registration Number, if PAC		
Street Address 201 Rivers Edge Way		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check		
City Gahanna	State OH	Zip Code 43230	M 0	D 8	Y 2	Y 8	Amount \$50.00
Full Name of Contributor Mary McCleary					Registration Number, if PAC		
Street Address 1109 Acaro		Employer/Occupation/Labor Organization* 			Form (Cash, Check, etc.) Check		
City Gahanna	State OH	Zip Code 43230	M 0	D 8	Y 2	Y 5	Amount \$50.00
Full Name of Contributor Ann Flaherty					Registration Number, if PAC		
Street Address 546 Springwood Lake		Employer/Occupation/Labor Organization* Mother			Form (Cash, Check, etc.) PayPal		
City Gahanna	State OH	Zip Code 43230	M 0	D 8	Y 1	Y 4	Amount \$25.00
Full Name of Contributor Jane Reinard					Registration Number, if PAC		
Street Address 475 Sandburr		Employer/Occupation/Labor Organization* Piano Teacher			Form (Cash, Check, etc.) PayPal		
City Gahanna	State OH	Zip Code 43230	M 0	D 6	Y 2	Y 4	Amount \$25.00
Full Name of Contributor Clifton Jolly					Registration Number, if PAC		
Street Address 1624 Fox Hall Dr		Employer/Occupation/Labor Organization* Small Business Owner			Form (Cash, Check, etc.) PayPal		
City Blacklick	State OH	Zip Code 43004	M 0	D 9	Y 2	Y 5	Amount \$10.00
Full Name of Contributor Grant Gergley					Registration Number, if PAC		
Street Address 160 Wall St. Apt. 303		Employer/Occupation/Labor Organization* American National Insurance			Form (Cash, Check, etc.) PayPal		
City Columbus	State OH	Zip Code 43215	M 0	D 9	Y 2	Y 6	Amount \$1,000.00
Full Name of Contributor Joseph Gergley					Registration Number, if PAC		
Street Address 1279 Shull Road		Employer/Occupation/Labor Organization* 			Form (Cash, Check, etc.) Check		
City Gahanna	State OH	Zip Code 43230	M 0	D 8	Y 0	Y 1	Amount \$1,200.00
Full Name of Contributor 					Registration Number, if PAC		
Street Address 		Employer/Occupation/Labor Organization* 			Form (Cash, Check, etc.) 		
City 	State OH	Zip Code 	M 	D 	Y 	Y 	Amount

* 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)]

Page Total **\$2,360.00**