In-Kind Contributions Received



Prescribed by Secretary of State 03/05

| Name of Committee in Full Gergley for Gahanna | | |
|---|---|--|
| Full Name of Contributor | Employer, Occupation, Labor Organization* | Registration Number, if PAC |
| Jeannie Hoffman | Jeannie Custom | Registration Namous, It I AC. |
| Street Address | Description of Item or Service | M D Y Fair Market Value |
| 82 Mill Street, Suite D | Magnets | 0 6 2 4 1 3 \$50.00 |
| City | Stalle Zip Code | Received at Fundraising Event? |
| Gahanna | OH 43230 | OYES O NO |
| Full Name of Contributor | Employer, Occupation, Labor Organization* | Registration Number, if PAC |
| Joseph Gergley | Boars Head | |
| Street Address | Description of Item or Service | M D Y Fair Market Value |
| 1279 Shull Rd | Website | 0 8 0 1 1 3 \$90.00 |
| City | State Zip Code | Received at Fundraising Event? |
| Gahanna | OH 43230 | O YES O NO |
| Full Name of Contributor | Employer, Occupation, Labor Organization* | Registration Number, if PAC |
| Joseph Gergley | Boars Head | |
| Street Address | Description of Item or Service | M D Y Fair Market Value |
| 1279 Shull Rd | Micro-Poll | M D Y Fair Market Value 1 0 1 5 1 3 \$350.00 |
| City | State Zip Code | Received at Fundmising Event? |
| Gahanna | OH 43230 | OYES O 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 Zip Code | Received at Fundraising Event? |
| | OH | O YES O 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 |
| | State Zip Code | Received at Fundraising Event? |
| City | OH Zip Code | |
| Full Name of Contributor | Employer, Occupation, Labor Organization* | O YES O NO Registration Number, if PAC |
| run Name of Condibator | Employer, Secupation, Labor Organization | Togistation Walter, Time |
| Street Address | Description of Item or Service | M D Y Fair Market Value |
| | | |
| City | State Zip Code | Received at Fundraising Event? |
| | OH | O YES O NO |
| Full Name of Contributor | Employer, Occupation, Labor Organization* | Registration Number, if PAC |
| | | ļ |
| Street Address | Description of Item or Service | M D Y Fair Market Value |
| | | |
| City | Sta te Zip Code | Received at Fundraising Event? |
| | OH | Oyes O 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 |
| ľ | | |
| City | Sta te Zip Code | Received at Fundraising Event? |
| | OH | O YES O 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)]