31-A
R.C. 3517.10

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full													
Gergley for Gahanna													
Full Name of Contributor											Registration Number, if PAC		
Al Shuler													
Street Address		Employer/Occupation/Labor Organization*										Form (Cash, Check, etc.)	
81 Savern Place												paypal	
City	State	Zip Code	M		D		Y					Amount	
Gahanna	o h	43230	0	4	2	6	1	5				100.00	
Full Name of Contributor											Registration Number, if PAC		
Lori Larimer													
Street Address		Employer/Occupation/Labor Organization*										Form (Cash, Check, etc.)	
969 Pinewood Lane												paypal	
City	State	Zip Code	M		D		Y					Amount	
Gahanna	o h	43230	0	4	2	9	1	5				25.00	
Full Name of Contributor											Registration Number, if PAC		
Rennee Lafferty													
Street Address		Employer/Occupation/Labor Organization*										Form (Cash, Check, etc.)	
208 Green ridge dr.												Check	
City	State	Zip Code	M		D		Y					Amount	
Moore	S C	29369	0	5	0	1	1	5				100.00	
Full Name of Contributor											Registration Number, if PAC		
Bernie Cohen													
Street Address		Employer/Occupation/Labor Organization*										Form (Cash, Check, etc.)	
151 Mill Street Suite 315												Check	
City	State	Zip Code	M		D		Y					Amount	
Gahanna	o h	43230	0	5	2	0	1	5				1,000.00	
Full Name of Contributor											Registration Number, if PAC		
Joseph Gergley													
Street Address		Employer/Occupation/Labor Organization*										Form (Cash, Check, etc.)	
1279 Shull Road													
City	State	Zip Code	M		D		Y					Amount	
Gahanna	o h	43230	0	2	1	0	1	5				100.00	
Full Name of Contributor											Registration Number, if PAC		
Glenn Reid													
Street Address		Employer/Occupation/Labor Organization*										Form (Cash, Check, etc.)	
201 Rivers Edge Way												check	
City	State	Zip Code	M		D		Y					Amount	
Gahanna	o h	43230	0	6	0	1	1	5				100.00	
Full Name of Contributor											Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*										Form (Cash, Check, etc.)	
City	State	Zip Code	M		D		Y					Amount	
Full Name of Contributor											Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*										Form (Cash, Check, etc.)	
City	State	Zip Code	M		D		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 orgnization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total $ 1,425.00