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**	
William Stehle					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
654 Crossing Crk. S					Check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Gahanna	o h	43230	09 14 15		50.00
Full Name of Contributor				**Registration Number, if PAC**	
Alvin Shuler					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
81 Savern Pl					Check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Gahanna	O h	43230	09 14 15		100.00
Full Name of Contributor				**Registration Number, if PAC**	
Lisa Laufer					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
311 Worman					Check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Gahanna	o h	43230	09 14 15		40.00
Full Name of Contributor				**Registration Number, if PAC**	
Mike Tubbs					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
411 N. Hamilton Road					
City	**State**	**Zip Code**	**M D Y**		**Amount**
Gahanna	o h	43230	09 14 15		20.00
Full Name of Contributor				**Registration Number, if PAC**	
Alvin and Justine Mckenna					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
755 Parkedge Drive					Check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Gahanna	o h	43230	09 14 15		50.00
Full Name of Contributor				**Registration Number, if PAC**	
James and Nancy McGregor					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
180 Academy Ct					Check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Gahanna	o h	43230	09 14 15		150.00
Full Name of Contributor				**Registration Number, if PAC**	
Douglas Laborde					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
148 Academy Woods Dr.					
City	**State**	**Zip Code**	**M D Y**		**Amount**
Gahanna	o h	43230	09 15 15		100.00
Full Name of Contributor				**Registration Number, if PAC**	
Ellen Thompson					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
1120 Venetian Way					Check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Gahanna	o h	43230	09 14 15		100.00

* 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 appear. [R.C. 3517.10(B)(4)]

Page Total $ 610.00