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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		·		Paniete	ation Num	iber, if PA	C
Edward Razler				Registi	auon ivui	ioei, ii i A	
Street Address	Employe	r/Occupa	ation/Labor Organization*	Ц			Form (Cash, Check, etc.)
1315 Havant Dr.	Limpicoy		- Organization				Paypal
City	<u> </u>	ate	Zip Code	М	D	ΤΥ	Amount
New Albany	0	h.	43230	1 0	1		50.00
Full Name of Contributor	1 0	1	40200			aber, if PA	
John Weiler						,	•
Street Address	Employe	r/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)
1072 Cannonade Ct.	Employer Secupation Organization				Paypal		
City	St	ate	Zip Code	М	D	ΙΥ	Amount
Gahanna	0	h	43230	1110	2 4		100.00
Full Name of Contributor	1 – –	<u>, </u>	1 10200			ber, if PA	
Sandy Adam						,	
Street Address	Employe	т/Оссира	ation/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)
639 Laurel Ridge Drive			-				Paypal
City	St	ate	Zip Code	М	D	Y	Amount
Gahanna	o	h	43230	110	2 0	1 5	25.00
Full Name of Contributor						ber, if PA	
Brent Robertson							
Street Address						Form (Cash, Check, etc.)	
674 Woodmark Run							Paypal
City	St	ate	Zip Code	М	D	Y	Amount
Gahanna	O	h	43230	1 0	2 0	1 5	100.00
Full Name of Contributor				Registr	ation Nun	ber, if PA	C
John Stewart							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
855 Bryn Mawr Dr							Check
City	St	ate	Zip Code	М	D	Y	Amount
Gahanna	0	h	43230	1 0	1 6	1 5	1,000.00
Full Name of Contributor				Registr	ation Nun	iber, if PA	С
Brian Robertson							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
674 Woodmark Run	Pas	tor					check
City		ate	Zip Code	М	D	Y	Amount
Gahanna	0	h	43230			1 5	
Full Name of Contributor				Registr	ation Nun	nber, if PA	.C
Mary Weiler	_						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
1072 Cannonade Ct.	ļ		•		,		Check
City		ate	Zip Code	M	D	LY.	Amount
Gahanna	0	h	43230	1 0			75.00
Full Name of Contributor Registration Number, if PAC							
Patti Karst							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
6141 Cherry Hill			7:- 0-1-	1 14	T ~	Τυ	Check
1 -		ate h	Zip Code	M	D	Y	Amount 100.00
Columbus	0	1 11	43230	110	23	1 5	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 \$	1,600.00