

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Gergley for Gahanna							
Full Name of Contributor Edward Razler					Registration Number, if PAC		
Street Address 1315 Havant Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Paypal		
City New Albany	State o h	Zip Code 43230	M 1 0	D 2 5	Y 1 5	Amount 50.00	
Full Name of Contributor John Weiler					Registration Number, if PAC		
Street Address 1072 Cannonade Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Paypal		
City Gahanna	State o h	Zip Code 43230	M 1 0	D 2 4	Y 1 5	Amount 100.00	
Full Name of Contributor Sandy Adam					Registration Number, if PAC		
Street Address 639 Laurel Ridge Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Paypal		
City Gahanna	State o h	Zip Code 43230	M 1 0	D 2 0	Y 1 5	Amount 25.00	
Full Name of Contributor Brent Robertson					Registration Number, if PAC		
Street Address 674 Woodmark Run		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Paypal		
City Gahanna	State o h	Zip Code 43230	M 1 0	D 2 0	Y 1 5	Amount 100.00	
Full Name of Contributor John Stewart					Registration Number, if PAC		
Street Address 855 Bryn Mawr Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State o h	Zip Code 43230	M 1 0	D 1 6	Y 1 5	Amount 1,000.00	
Full Name of Contributor Brian Robertson					Registration Number, if PAC		
Street Address 674 Woodmark Run		Employer/Occupation/Labor Organization* Pastor			Form (Cash, Check, etc.) check		
City Gahanna	State o h	Zip Code 43230	M 1 0	D 2 3	Y 1 5	Amount 150.00	
Full Name of Contributor Mary Weiler					Registration Number, if PAC		
Street Address 1072 Cannonade Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State o h	Zip Code 43230	M 1 0	D 2 3	Y 1 5	Amount 75.00	
Full Name of Contributor Patti Karst					Registration Number, if PAC		
Street Address 6141 Cherry Hill		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State o h	Zip Code 43230	M 1 0	D 2 3	Y 1 5	Amount 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)]