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				Registrat	on Numb	er, if PAC	· · · · · ·
Michael Delhlendorf				l .			
Street Address	Employer/C)ccupatic	n/Labor Organization*				Form (Cash, Check, etc.)
7459 Spanish Bay Ct							Check
City	Stat	е	Zip Code	М	DÌ	Y	Amount
Blacklick	o l	h	43004	0 9	$1 \mid 4$	1 5	100.00
Full Name of Contributor			10001		_~ !	er, if PAC	
William Bicking				ļ -			
Street Address	Employer/C	Occupation	nvLabor Organization*	<u> </u>			Form (Cash, Check, etc.)
1599 Climbing Fig		•					Check
City	Stat	e.	Zip Code	M	Di	ΤΥ	Amount
Blacklick	1 .	h	43230	0 9	$\begin{bmatrix} 1 \\ 1 \end{bmatrix}$	$\begin{vmatrix} 1 \end{vmatrix}$ 5	20.00
Full Name of Contributor	0	11	40200			er,ifPAC	20.00
				, again	OH I VOLIZE	,	
Ed Mihinnick Street Address	Employar/	Vagymatic	on/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)
	Ещиоуси	жиран	IVLAICE Organization				
289 Marjoram Dr	Fr-4		7-0.1	TM	Lpi	Lvi	Check
City	Stat	-	Zip Code	M		-	Amount
Gahanna	0	h	43230	0 9	1 4	1 5	250.00
Full Name of Contributor				Registrat	on Numb	er,ifPAC	
Maureen Emoff				<u>. </u>			
Street Address	Employer/0	Decupation	on/Labor Organization*				Form (Cash, Check, etc.)
1123 Sleeping Meadow Dr.	<u> </u>		<u> </u>				Check
City	Stat	e	Zip Code	M	D	Y	Amount
Gahanna	0	h	43054	1 0	$1 \mid 0$	1 5	25.00
Full Name of Contributor				Registrat	ion Numb	ет, if PAC	
D. Erich Fenton							
Street Address	Employer/C	Occupation	on/Labor Organization*				Form (Cash, Check, etc.)
418 Bluesteam Avenue							Check
City	Stat	e	Zip Code	M	D	Y	Amount
Gahanna	0 1	h	43230	110	1 2	1 5	100.00
Full Name of Contributor		·		Registrat	on Numb	er, if PAC	<u> </u>
William Smith							
Street Address	Employer/(Occupation	nn/Labor Organization*				Form (Cash, Check, etc.)
223 Glenhurst Ct							Check
City	Staf	e	Zip Code	M	D	Y	Amount
Gahanna	0	h	43230	$ 1 _0$	1 2	11 5	100.00
Full Name of Contributor	Ŭ		10,100		on Numb	er,ifPAC	
John Stewart							
Street Address	Employer/0	Decupation	on/Labor Organization*		-		Form (Cash, Check, etc.)
355 Bryn Mawr		, стараа.					1
City	Stat	P	Zip Code	M	Di	Y	Amount
	1 1	h	· -	1		1	500.00
Gahanna Full Name of Contributor	0	TI	43230	0 6			500.00
Francisco and Abigail Rivera Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						Form (Cash, Check, etc.)	
524 Stedway Ct.	 		la c i	Tar	T 10.1	T vI	A mount
City	Stat		Zip Code	$\begin{bmatrix} M \\ 2 \end{bmatrix}$	$\left \begin{array}{c} \mathbf{D} \\ \mathbf{a} \end{array}\right _{\mathbf{D}}$	_	Amount
Gahanna	0	h	43230	0 7	2 0	1 5	25.00

* 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 \$	1,120.00