

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Gergley for Gahanna									
Full Name of Contributor Donald Norris						Registration Number, if PAC			
Street Address 2792 Alisop Place Apt 205			Employer/Occupation/Labor Organization* Physician				Form (Cash, Check, etc.) Paypal		
City Troy	State M	I	Zip Code 48084	M 0	D 6	Y 0	Y 5	Amount 500.00	
Full Name of Contributor John Weiler						Registration Number, if PAC			
Street Address 1072 Cannonade			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Paypal		
City Gahanna	State o	h	Zip Code 43230	M 0	D 8	Y 0	Y 5	Amount 50.00	
Full Name of Contributor James Holloway						Registration Number, if PAC			
Street Address 962 Bryn Mawr Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Paypal		
City Gahanna	State o	h	Zip Code 43230	M 1	D 0	Y 0	Y 5	Amount 100.00	
Full Name of Contributor Adrian Gergley						Registration Number, if PAC			
Street Address 401 Spartanburg Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Paypal		
City Lyman	State S	C	Zip Code 29365	M 1	D 0	Y 0	Y 5	Amount 50.00	
Full Name of Contributor William Stehle						Registration Number, if PAC			
Street Address 654 Crossing Creek			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Gahanna	State o	h	Zip Code 43054	M 0	D 7	Y 2	Y 5	Amount 500.00	
Full Name of Contributor Mike and Nancy Book						Registration Number, if PAC			
Street Address 254 Landsdowne			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Gahanna	State o	h	Zip Code 43230	M 1	D 0	Y 0	Y 5	Amount 50.00	
Full Name of Contributor Stephen and Sandra Howard						Registration Number, if PAC			
Street Address 1067 Skinner Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Gahanna	State o	h	Zip Code 43230	M 0	D 9	Y 2	Y 5	Amount 25.00	
Full Name of Contributor Francisco and Abigail Rivera						Registration Number, if PAC			
Street Address 524 Stedway Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Gahanna	State o	h	Zip Code 43230	M 0	D 9	Y 2	Y 5	Amount 50.00	

* 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 \$ **1,325.00**