| Page | _ |
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Statement of Contributions Received

Prescribed by Secretary of State 3/05

| Name of Committee in Full | | | | | | - |
|-------------------------------------|---|----------------------------|--------------|-----------------|------------|--------------------------|
| Gergley for Gahanna | | | T | | -an : | <u> </u> |
| Full Name of Contributor | | | Registration | on Number | r,ifPAC | |
| Brian Robertson | 1 | | | | | F (C) (C) (1) |
| Street Address | Employer/Occupa | ation/Labor Organization* | | | | Form (Cash, Check, etc.) |
| 674 Woodmark Run | | 7.0.4. | 1541 | Di . | vi | Check |
| City | State O h | Zip Code | M | | Y | Amount 150.00 |
| Gahanna Full Name of Contributor | 0 1 | 43230 | 0 4 | 0 7 on Numbe | 1 5 | 150.00 |
| | | | registrati | MINUME | 1,11710 | |
| Andrew Gergley Street Address | Employar/Occur | ation/Labor Organization* | | | | Form (Cash, Check, etc.) |
| Street Address | Ешьюўсі Досць | | | | | Check |
| City | State | Zip Code | M | D | ΥI | Amount |
| Ску | F T- | 2р сос | i i | 0 7 | | 150.00 |
| Full Name of Contributor | o n | | Registrati | | | 100.00 |
| Lisa Laufer | | | Troganian. | | ., | |
| Street Address | Employer/Occup | ation/Labor Organization* | | | | Form (Cash, Check, etc.) |
| 311 Worman | Zinquoyen o comp | | | | | Check |
| City | State | ZipCode | Mi | D | ΥI | Amount |
| Gahanna | o h | 43230 | 0/4 | 0 7 | 1 5 | 30.00 |
| Full Name of Contributor | 0 1 | 40/200 | | on Numbe | | 0.00 |
| | | | | | | |
| Street Address | Employer/Occup | ation/Labor Organization* | | - | | Form (Cash, Check, etc.) |
| | | | | | | |
| City | State | Zip Code | М | D | Y | Amount |
| | 1 | | | | | |
| Full Name of Contributor | | | Registrat | on Numbe | r,ifPAC | <u> </u> |
| | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | Form (Cash, Check, etc.) |
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| City | State | Zip Code | M | D | Y | Amount |
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| Full Name of Contributor | | | Registrat | ion Numbe | r, if PAC | |
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| Street Address | Employer/Occup | nation/Labor Organization* | | | | Form (Cash, Check, etc.) |
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| City | State | Zip Code | M | D | Y | Amount |
| | | | | | | <u> </u> |
| Full Name of Contributor | | | Registrat | ion Numb | er, if PAC | |
| | | | | | | |
| Street Address | Employer/Occup | nation/Labor Organization* | | | | Form (Cash, Check, etc.) |
| | | | - [14) | T 15.1 | Tvi | |
| City | State | Zip Ccde | М | D | Y | Amount |
| | | | B | | 10D 4 C | |
| Full Name of Contributor | | | Registrat | ion Numb | er, u PAC | |
| | Te i A | | | | | Form (Cash, Check, etc.) |
| Street Address | Employer/Occup | pation/Labor Organization* | | | | TOTH(Casi, Check, etc.) |
| C: | | Ziv Coda | I MI | D | TYL | Amount |
| City | State | Zip Code | l IVI | | ' | ATHORN |
| | | | | <u>!.</u> | 1 | <u> </u> |

* 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 payroli 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 \$ | 330.00 |
|---------------|--------|
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