

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Gergley for Gahanna														
Full Name of Contributor Glenn Reid						Registration Number, if PAC								
Street Address 201 Rivers Edge Way			Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check								
City Gahanna			State OH		Zip Code 43230		M 0		D 8	Y 2	Y 8	Y 1	Y 3	Amount \$50.00
Full Name of Contributor Mary McCleary						Registration Number, if PAC								
Street Address 1109 Acaro			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check								
City Gahanna			State OH		Zip Code 43230		M 0		D 8	Y 2	Y 8	Y 1	Y 3	Amount \$50.00
Full Name of Contributor Ann Flaherty						Registration Number, if PAC								
Street Address 546 Springwood Lake			Employer/Occupation/Labor Organization* Mother			Form (Cash, Check, etc.) PayPal								
City Gahanna			State OH		Zip Code 43230		M 0		D 8	Y 1	Y 4	Y 1	Y 3	Amount \$25.00
Full Name of Contributor Jane Reinard						Registration Number, if PAC								
Street Address 475 Sandburr			Employer/Occupation/Labor Organization* Piano Teacher			Form (Cash, Check, etc.) PayPal								
City Gahanna			State OH		Zip Code 43230		M 0		D 6	Y 2	Y 4	Y 1	Y 3	Amount \$25.00
Full Name of Contributor Clifton Jolly						Registration Number, if PAC								
Street Address 1624 Fox Hall Dr			Employer/Occupation/Labor Organization* Small Business Owner			Form (Cash, Check, etc.) PayPal								
City Blacklick			State OH		Zip Code 43004		M 0		D 9	Y 2	Y 5	Y 1	Y 3	Amount \$10.00
Full Name of Contributor Grant Gergley						Registration Number, if PAC								
Street Address 160 Wall St. Apt. 303			Employer/Occupation/Labor Organization* American National Insurance			Form (Cash, Check, etc.) PayPal								
City Columbus			State OH		Zip Code 43215		M 0		D 9	Y 2	Y 6	Y 1	Y 3	Amount \$1,000.00
Full Name of Contributor Joseph Gergley						Registration Number, if PAC								
Street Address 1279 Shull Road			Employer/Occupation/Labor Organization* Boars Head			Form (Cash, Check, etc.) Check/Cash								
City Gahanna			State OH		Zip Code 43230		M 0		D 6	Y 2	Y 4	Y 1	Y 3	Amount \$1,550.00
Full Name of Contributor						Registration Number, if PAC								
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)								
City			State		Zip Code		M		D	Y	Y	Y	Y	Amount
			OH											

* 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 also appear. [R.C. 3517.10(B)(4)]

Page Total **\$2,710.00**