31-	J-1		
R.C.	351	7.	10

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## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full						<u> </u>
Gergley for Gahanna						
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registrati	ion Num	ber, if P	AC
Grant Gergley	<u> </u>		1			le · · · · · ·
Street Address	Description of Item or Service		M	D 1.0	Y	Fair Market Value
880 Borrel Ct		vertisement	0 4			
City	State	Zip Code	Received		raising E	
Gahanna	o h	43230		YES		✓ NO
Full Name of Contributor	Employer, Occupation, Labor Organization * Registration Number, if PAC				AC	
Joseph Gergley						<b></b>
Street Address	Description of Item or Service		M	D	] Y	Fair Market Value
1279 Shull Road		Video		1 8		
City	State	Zip Code	Received		raising F	
Gahanna	h	43230		YES		ИО
Full Name of Contributor	Employer, Occupa	ation, Labor Organization *	Registrati	ion Num	ber, if P.	AC
Joseph Gergley						
Street Address	Description of Iter		M <sub>.</sub>	D	Y	Fair Market Value
1279 Shull Road	<u>Facebo</u>	ook Advertising	0 5			
City	State	Zip Code	Received		raising E	
Gahanna	o h	43230		YES		□ NO
Full Name of Contributor	Employer, Occupa	ation, Labor Organization *	Registrati	ion Num	ber, if P	AC
Joseph Gergley						<u></u>
Street Address	Description of Iter	m or Service	М	D	Y	Fair Market Value
1279 Shull Road	Facebook Advertising		0 4	3   0	1   5	222.62
City	State	Zip Code	Received			
Gahanna	$_{0}$ $\mid$ h	43230		YES		☑ NO
Full Name of Contributor		ation, Labor Organization *	Registrati	ion Num	ber, if P	AC
			<del> </del>	r	T 72	Dain Mantine Valu
Street Address	Description of Iter	m or Service	M	D	Y	Fair Market Value
Cin.	State	Zip Code	Received	at Fund	raisine I	L Event?
City	State	Zip Couc	· -		. wome r	NO
Tall Name of Contributor	Employer Occurs	ation, Labor Organization *				
Full Name of Contributor	Employer, Occup	ation, Labor Organization	Registration Number, if PAC			
Street Address	Description of Item or Service		М	D	Y	Fair Market Value
	1		1   1	-		
City	State	Zip Code	Received	at Fund	raising I	event <sup>9</sup>
			l	YES	_	□ NO
Full Name of Contributor	Employer, Occupa	ation, Labor Organization *	Registrat	ion Num	ber, if P	AC
		=	1			
Street Address	Description of Ite	m or Service	М	D	Y	Fair Market Value
City	State	Zip Code	Received	at Fund	raising I	Event?
		<u> </u>		YES		□ NO
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	n * Registration Number, if PAC			
Street Address	Description of Ite	m or Service	М	D	Y	Fair Market Value
,						
City	State	Zip Code	Received	lat Fund	raising 1	Event?
C.1.7	J. J.	Jan Code		YES		□ NO
			<u> </u>			

<sup>\*</sup> 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)]