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				**Registration Number, if PAC**	
Anne Flaherty					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
546 Springwood Lake Dr					Paypal
City	**State**	**Zip Code**	**M D Y**		**Amount**
Gahanna	OH		02 20 15		50.00
Full Name of Contributor				**Registration Number, if PAC**	
Iona Hamilton					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
5598 Cabbot Cove					PayPal
City	**State**	**Zip Code**	**M D Y**		**Amount**
Hillard	OH	43026	2 22 15		5.00
Full Name of Contributor				**Registration Number, if PAC**	
Adam Luck					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
1793 Northwest Blvd					Paypal
City	**State**	**Zip Code**	**M D Y**		**Amount**
Columbus	OH	43212	02 24 15		50.00
Full Name of Contributor				**Registration Number, if PAC**	
Sam Gergley					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
444 North Front St. Apt. 206					Paypal
City	**State**	**Zip Code**	**M D Y**		**Amount**
Columbus	OH	43215	03 16 15		100.00
Full Name of Contributor				**Registration Number, if PAC**	
Joseph Weiler					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
435 N. 23rd St. Apt. 4D					Paypal
City	**State**	**Zip Code**	**M D Y**		**Amount**
New York	NY	10011	04 04 15		250.00
Full Name of Contributor				**Registration Number, if PAC**	
Rick Duff					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
312 Dunbarton					Paypal
City	**State**	**Zip Code**	**M D Y**		**Amount**
Gahanna	OH	43230	04 11 15		50.00
Full Name of Contributor				**Registration Number, if PAC**	
Tom Lefchick					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
187 Rugby					Paypal
City	**State**	**Zip Code**	**M D Y**		**Amount**
Gahanna	OH	43230	04 18 15		100.00
Full Name of Contributor				**Registration Number, if PAC**	
Cassandra Cox					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
638 Gahanna Highlands Drive					Paypal
City	**State**	**Zip Code**	**M D Y**		**Amount**
Gahanna	OH		04 19 15		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 $ 655.00