

Statement of Contributions Received

Prescribed by Secretary of State 03/05

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|---|--------------------|---|---------------|-----------------------------|---|-----------------------------|
| 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 | 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 | 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 | 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 | 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 | 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 | Amount \$1,000.00 |
| Full Name of Contributor | | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| City | State OH | Zip Code | M | D | Y | Amount |
| Full Name of Contributor | | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| City | State OH | Zip Code | M | D | Y | Amount |

* 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)]