

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Gergley for Gahanna											
Full Name of Contributor Michael Delhlendorf						Registration Number, if PAC					
Street Address 7459 Spanish Bay Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check				
City Blacklick		State o h	Zip Code 43004		M 0	D 9	Y 1	Y 4	Y 1	Y 5	Amount 100.00
Full Name of Contributor William Bicking						Registration Number, if PAC					
Street Address 1599 Climbing Fig			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check				
City Blacklick		State o h	Zip Code 43230		M 0	D 9	Y 1	Y 7	Y 1	Y 5	Amount 20.00
Full Name of Contributor Ed Mihinnick						Registration Number, if PAC					
Street Address 289 Marjoram Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check				
City Gahanna		State o h	Zip Code 43230		M 0	D 9	Y 1	Y 4	Y 1	Y 5	Amount 250.00
Full Name of Contributor Maureen Emoff						Registration Number, if PAC					
Street Address 1123 Sleeping Meadow Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check				
City Gahanna		State o h	Zip Code 43054		M 1	D 0	Y 1	Y 0	Y 1	Y 5	Amount 25.00
Full Name of Contributor D. Erich Fenton						Registration Number, if PAC					
Street Address 418 Bluesteam Avenue			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check				
City Gahanna		State o h	Zip Code 43230		M 1	D 0	Y 1	Y 2	Y 1	Y 5	Amount 100.00
Full Name of Contributor William Smith						Registration Number, if PAC					
Street Address 223 Glenhurst Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check				
City Gahanna		State o h	Zip Code 43230		M 1	D 0	Y 1	Y 2	Y 1	Y 5	Amount 100.00
Full Name of Contributor John Stewart						Registration Number, if PAC					
Street Address 355 Bryn Mawr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
City Gahanna		State o h	Zip Code 43230		M 0	D 6	Y 2	Y 4	Y 1	Y 5	Amount 500.00
Full Name of Contributor Francisco and Abigail Rivera						Registration Number, if PAC					
Street Address 524 Stedway Ct.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
City Gahanna		State o h	Zip Code 43230		M 0	D 7	Y 2	Y 0	Y 1	Y 5	Amount 25.00

* 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)]