

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Gergley for Gahanna									
To Whom Paid P.E.E.L Inc						M	D	Y	Amount 50.00
Address 985 Zodiac						0	6	1	5
Purpose Refund of Contribution						1	5	1	5
City Gahanna		State OH		Zip Code 43230		Check Number			
To Whom Paid Pavpal						M	D	Y	Amount 16.45
Address 2211 North Fourth						0	4	1	5
Purpose Fees						1	5	1	5
City San Jose		State CA		Zip Code 94025		Check Number			
To Whom Paid						M	D	Y	Amount
Address									
City									
To Whom Paid						M	D	Y	Amount
Address									
City									
To Whom Paid						M	D	Y	Amount
Address									
City									
To Whom Paid						M	D	Y	Amount
Address									
City									
To Whom Paid						M	D	Y	Amount
Address									
City									
To Whom Paid						M	D	Y	Amount
Address									
City									
To Whom Paid						M	D	Y	Amount
Address									
City									