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Statement of Contributions Received

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Prescribed by Secretary of State 03/05

		-			
Name of Committee in Full Daphne Moehring for Gahanna	School Board				
Full Name of Contributor Jan and John Reese	Registration Number, if PAC				
	· · · · · · · · · · · · · · · · · · ·				
Street Address 3566 Elgate	Employer/Occu	upation/Labor Organization			orm (Cash, Check, etc.) Cash
City Gahanna	State OH	Zip Code 43230	M D 1 9		\$20.00
Full Name of Contributor Michael Dorsch	Registration Numb	per, if PAC			
Street Address 50188 Pine Ck Dr	Employer/Occu	Employer/Occupation/Labor Organization		ı	oms (Cash, Check, etc.) Paypal
City Westerville	State OH	Zip Code 43081	1 0 1 9	1 1	**************************************
Full Name of Contributor William Michael	Registration Number, if PAC				
Street Address	Employer/Oca	upation/Labor Organization		F	orm (Cash, Check, etc.)
3040Switzer Ave	Kitchen F	Kitchen Fronts			Paypal
Columbus	OH State	Zip Code 43219	$\begin{bmatrix} 1 & 0 & 2 & 1 \end{bmatrix}$		\$100.00
Full Name of Commission David and Jennifer Palguta	Registration Number, if PAC				
Street Address 2687 Northmont Dr	Employer/Occu	Employer/Occupation/Labor Organization			orm (Cash, Check, etc.) Check
City Blacklick	State OH	Zip Code 43004	M D 1 0 2 7		**************************************
Full Name of Contributor Gahanna Jefferson Fund for Child			Registration Numb	1	
Street Address	· · · · · · · · · · · · · · · · · · ·			Te	orm (Cash, Check, etc.)
160 S Hamilton Rd		upation/Labor Organization			om (Cash, Check, etc.) Check
City Gahanna	State OH	Zip Code 43230	1 0 2 7	! . [_ J	\$1,500.00
Full Name of Contributor Joe and Teri Regner			Registration Numb	er, if PAC	
Street Address	Employer/Occr	upation/Labor Organization*		F	orm (Cash, Check, etc.)
951 Windbourne		·		\bot	Cash
City Gahanna	State OH	Zip Code 43230	M D 1		
Full Name of Contributor	Registration Numb	Registration Number, if PAC			
Street Address	Employer/Occu	Employer/Occupation/Labor Organization			orm (Cash, Check, etc.)
City	State OH	Zip Code	M D	Y	unount
Full Name of Contributor	ber, if PAC				
Street Address	Employer/Occu	upation/Labor Organization		Fr	orm (Cash, Check, etc.)
City	State OH	Zip Code	M D	Y	mount

^{*} 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)]