



In-Kind Contributions Received

Form 31-J-1 R.C. 3517.10

Full Name of Committee							
Daphne Moehring for Gahanna S	chool Board						
Full Name of Contributor			Employer, Occupation, Labor Organization*		Registration Number, if PAC		
None							
Street Address	Descripti	ion of Item or S	ervice	Date (MM/DD/YYYY) Fair Market Value			
City		State	Zip Code	Received at Fundraisir Yes No	ng Event?		
Full Name of Contributor	ame of Contributor Employer, Occupation, Labor		n, Labor Organization*	Registration Number, i	f PAC		
Street Address	Descripti	ion of Item or S	ervice		Date (MM/DD/YYYY) Fair Market Value		
City		State	Zip Code	Received at Fundraisin	ng Event?		
Full Name of Contributor			Employer, Occupation, Labor Organization* Regis		Registration Number, i	f PAC	
Street Address	Description	on of Item or S	Service Date (MM/DD/YYYY) Fair Market Value			Fair Market Value	
City		State	Zip Code	Received at Fundraisir Yes No	ng Event?		
Full Name of Contributor			Employer, Occupation	n, Labor Organization*	Registration Number, i	f PAC	
Street Address	Descripti	ion of Item or S	or Service Date (MM/DD/YYYY) Fair Market Value				
City		State	Zip Code	Received at Fundraisin	ng Event?		
Full Name of Contributor			Employer, Occupation, Labor Organization* Registration Number, if PAC				
Street Address	Descripti	ion of Item or S	ervice	Date (MM/DD/YYYY) Fair Market Value			
City		State	Zip Code Received at Fundraising Event?				
				Yes No			

	\$0.00		
Page Tota			

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]