



# Statement of Expenditures

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> Daphne Moehring for Gahanna School Board			
To Whom Paid US Postal Service		Date (MM/DD/YYYY) 10/01/19	Amount \$275.00
Street Address 246 Lincoln Circle		Purpose Postage	
City Gahanna	State OH	Zip Code 43230	Check Number Credit Card
To Whom Paid US Postal Service		Date (MM/DD/YYYY) 10/24/19	Amount \$330.00
Street Address 246 Lincoln Circle		Purpose Postage	
City Gahanna	State OH	Zip Code 43230	Check Number Credit Card
To Whom Paid Daphne Moehring		Date (MM/DD/YYYY) 12/09/19	Amount 2323.23
Street Address 441 Lily Pond		Purpose Repay Load	
City Gahanna	State OH	Zip Code 43230	Check Number 1017
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ 2928.23