

# FOR PAPER FILING ONLY

## Statement of Expenditures

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Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Daphne Moehring for Gahanna School Board</b>									
To Whom Paid <b>None</b>						M	D	Y	Amount
Address			Purpose						
City			State <b>OH</b>	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State <b>OH</b>	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State <b>OH</b>	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State <b>OH</b>	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State <b>OH</b>	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State <b>OH</b>	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State <b>OH</b>	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State <b>OH</b>	Zip Code		Check Number			