

## **Statement of Contributions Received**

Form 31-A

ORC 3517.10

uli Name of Committee					
Daphne Moehring for Gahanna School	Board				
Full Name of Contributor Registration N					r, if PAC
Rick Duff					
treet Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
312 Dunbarton	l		PayPal		
ity	State	Zip Code	Date (MM/DI	DMYYY)	Amount
Gahanna Gahanna	ОН	43230		08/26/19	\$25.00
Full Name of Contributor		<u> </u>		Registration Number	er, if PAC
Ann Flaherty					
Street Address	Employ	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
, 100t / Laures				PayPal	
City	State	Zip Code	Date (MM/D	D/YYY)	Amount
City				08/26/19	\$25
Full Name of Contributor				Registration Numb	er, if PAC
Douglas Koppel					
Street Address	Employ	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
/46 Ridenour Rd					PayPal
	State	Zip Code	Date (MM/D	DYYYY)	Amount
City Gahanna	ОН	43230		9/08/19 \$10.00	
				Registration Numb	er, if PAC
Full Name of Contributor  Andrew Witchousky					
	Emplo	yer/Occupation/Lat	or Organization*	<u> </u>	Form (Cash, Check, etc.)
Street Address 1360 Presidential Dr Apt 210		, <b></b>	PayPal		
	State	Zip Code	Date (MM/I	DDYYYY)	Amount
City	OH	43016		· · · ·	\$50
Columbus				Registration Num	L ber, if PAC
Full Name of Contributor				OH1761	•
The Matriots			har Organization#		Form (Cash, Check, etc.)
Street Address	Emplo	oyer/Occupation/La	Check		
2470 E Main St				22222	Amount
City	State	Zip Code	Date (MM/	DDYYYY)	i i
Columbus	ОН	43209		09/18/19 \$400	

Page Total \$510	

<sup>\*</sup>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)]