



Statement of Contributions Received

Form 31-A

ORC 3517.10

ill Name of Committee				
aphne Moehring for Gahanna School B	oard			
Il Name of Contributor		Registration Number, if PAC		
APSE AFSCME Turnaround Ohio			LA 1269	
reet Address	Employ	er/Occupation/Labo	r Organization*	Form (Cash, Check, etc.)
805 Oak Creek Dr				Check
	State	Zip Code	Date (MM/DD/YYYY)	Amount
ty	он	43229	09/13/1	9 \$750
columbus			Registration Nur	nber, if PAC
ill Name of Contributor				
	Te	/er/Occupation/Lab	or Organization*	Form (Cash, Check, etc.)
treet Address	Employ	/en/Occapation/Lab	or Organization	
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			Registration Nu	mher if PAC
Full Name of Contributor			Registration	, w
			}	
				Trans (Cook Check etc.)
Street Address	Emplo	yer/Occupation/Lab	or Organization*	Form (Cash, Check, etc.)
Street Address	Emplo	yer/Occupation/Lab		
	Emplo State	yer/Occupation/Lab	or Organization* Date (MM/DD/YYYY)	Form (Cash, Check, etc.) Amount
City				Amount
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*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)]

Page Total	al \$750
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