

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Daphne Moehring for Gahanna School Board</b>					
Full Name of Contributor <b>Jan and John Reese</b>				Registration Number, if PAC	
Street Address <b>3566 Elgate</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Cash</b>	
City <b>Gahanna</b>	State <b>OH</b>	Zip Code <b>43230</b>	M <b>1</b>	D <b>0</b>	Y <b>15</b>
Full Name of Contributor <b>Michael Dorsch</b>				Registration Number, if PAC	
Street Address <b>50188 Pine Ck Dr</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Paypal</b>	
City <b>Westerville</b>	State <b>OH</b>	Zip Code <b>43081</b>	M <b>1</b>	D <b>0</b>	Y <b>15</b>
Full Name of Contributor <b>William Michael</b>				Registration Number, if PAC	
Street Address <b>3040Switzer Ave</b>		Employer/Occupation/Labor Organization* <b>Kitchen Fronts</b>		Form (Cash, Check, etc.) <b>Paypal</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43219</b>	M <b>1</b>	D <b>0</b>	Y <b>15</b>
Full Name of Contributor <b>David and Jennifer Palguta</b>				Registration Number, if PAC	
Street Address <b>2687 Northmont Dr</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Blacklick</b>	State <b>OH</b>	Zip Code <b>43004</b>	M <b>1</b>	D <b>0</b>	Y <b>15</b>
Full Name of Contributor <b>Gahanna Jefferson Fund for Children in Education</b>				Registration Number, if PAC	
Street Address <b>160 S Hamilton Rd</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Gahanna</b>	State <b>OH</b>	Zip Code <b>43230</b>	M <b>1</b>	D <b>0</b>	Y <b>15</b>
Full Name of Contributor <b>Joe and Teri Regner</b>				Registration Number, if PAC	
Street Address <b>951 Windbourne</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Cash</b>	
City <b>Gahanna</b>	State <b>OH</b>	Zip Code <b>43230</b>	M <b>1</b>	D <b>0</b>	Y <b>15</b>
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State <b>OH</b>	Zip Code	M	D	Y
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State <b>OH</b>	Zip Code	M	D	Y

\* 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)]