

Event Date	8/26/19	Page 2

Statement of Contributions Received at a Social or Fund-Raising Event

Form 31-E

					10.0: 0017:10(B)
Full Name of Committee					
Daphne Moehring for Gahanna School Board					
Full Name of Contributor			Registration Number, if PAC		
Marla Becker					
Street Address	Employer/Occupation/Labor Organization*		on/Labor Organization*	Date (MM/DD/YYYY)	Amount
1059 Challis Springs Dr				08/26/19	50.00
City	s	State	Zip Code	Form (Cash, Check, Etc	
New Albany	C	ЭН	43054	Check	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Full Name of Contributor				Registration Number, if PAC	Agricultural designation of the second secon
T R Radd					
Street Address	Employer/Occupation/Labor Organization*		on/Labor Organization*	Date (MM/DD/YYYY)	Amount
1075 Arcado Ct				08/26/19	50.00
City	s	State	Zip Code	Form (Cash, Check, Etc	
Gahanna		он	43230	Check	
Full Name of Contributor				Registration Number, if PAC	
Donna Simmons					
Street Address	Employer/Occupation/Labor Organization*		ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
1341 Haybrook Dr			•	08/26/19	100.00
City	<u> </u>	State	Zip Code	Form (Cash, Check, Etc	
Gahanna OH 43230		Check			
Full Name of Contributor				Registration Number, if PAC	
Suzanne Hom					
Street Address	Employer/Occupation/Labor Organization*		ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
625 Laurel Ridge Dr		08/26/19	100.00		
City	8	State	Zip Code	Form (Cash, Check, Etc	
Gahanna	(ОН	43230	Check	
Full Name of Contributor	, , •			Registration Number, if PAC	
Mary Lightbody					
Street Address	Employer/Occupation/Labor Organization*		ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
4948 East Walnut Street				8/26/19	100.00
City		State	Zip Code	Form (Cash, Check, Etc	
Westerville	(ОН	43081	Check	
	<u></u>				

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions	This	Event
\$1285		

-	otal Expenditures This Ever	nt
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Page Total \$	400.00	
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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)]