

Statement of Contributions Received

Form 31-A

ORC 3517.10

ull Name of Committee						
aphne Moehring for Gahanna S	chool Board					
Full Name of Contributor Registration						r, if PAC
Deborah Stemen						
Street Address Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
311 Watling Rd		C				Cash
City	Sta	te Z	ip Code	Date (MM/D)	D/YYY)	Amount
Gahanna	OH	H 4	13230		3/07/19	5.00
Full Name of Contributor					Registration Number	er, if PAC
Nicoleta Petrescu						
Street Address	l Ei	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
411 Olympia Fields	İ	1 - 1			Cash	
	Sta	ate Z	Zip Code	Date (MM/D	D/YYY)	Amount
City Gahanna	O	1	43230		7/04/19	10.00
					Registration Numb	er, if PAC
Full Name of Contributor					, togion and	
Marcia Preston						Form (Cash, Check, etc.)
Street Address	ĮE	Employer/Occupation/Labor Organization*			Check	
933 Bryn Mar						
City	i -	1	Zip Code	Date (MM/I		Amount
Gahanna	0	H	43230		8/15/19	
Full Name of Contributor Registration Num					per, if PAC	
Deborah Stemen						
Street Address Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
311 Watling Rd						PayPal
City	s	tate	Zip Code	Date (MM/	DD/YYYY)	Amount
Gahanna	c	он	43230		8/20/19	1.00
rull Name of Contributor Registration Nur				ber, if PAC		
Robert Dean Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
Street Address	Employer/Occupation/Labor Organization				PayPal	
449 Allanby Ct			7:- 0-4-	D-4- (34)4	(DDAVVV)	Amount
City	j	State	Zip Code	Date (MM	DD/YYYY) 8/21/19	1
Gahanna	1	OH	43230		0.2	

	Page Total \$91
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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)]