## Statement of Loans Received

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Page	<u>.</u>

				Prescribe	ed by Sec	retary of	State 3/05				
Full Name of Committee  Daphne Moehring for G	ahanna Sc	hool Bo	ard					-			
From Whom Received Daphne Moehring							Prior Amount \$0.00			Amt. Incurred this Period \$2,056.18	
Address 441 Lily Pond		-									Outstanding Balance \$2,056.18
City Gahanna	St ate OH	Zip Code 43230		Loans Received This Period Date Amount			ed This Period Amount	Payments This Period Date Amount			
Date Loan was originally Incurred	м 1 0	D 1 6	1 5	м 1 0	D 1 6	Y 1 5	\$ \$2,056.18	М	D	Y	S
Registration Number, if PAC				М	D	Y		М	D	Ŷ	
Employer/Occupation/Labor Organiza	ation*			М	D	Y		М	D	Y	
ram Wham Received	<del></del>		_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	<u> </u>	<u> </u>	A	Prior An	nount	1	Amt. Incurred this Period
Address											Outstanding Balance
City	St ate OH	Zip Code	:	D	Loans Received This Period Date Amount				Date	'ayments	This Period Amount
Oate Loan was originally Incurred	М	D	Y	M	D	Y	S	М	D	Y	S
Registration Number, if PAC	<del>t</del> -	<u> </u>	<del>-1</del>	М	D	Y		М	D	Y	
Employer/Occupation/Labor Organiz	ation*		٠.	М	D	Y		М	D	Y	
From Whom Received					<u></u>	<u> </u>	<u> </u>	Prior An	10tust	<u> </u>	Amt. Incurred this Period
Address						<del></del>	<del>,</del>				Outstanding Balance
City	State Zip Code			Loans Received This Period Date Amount			Payments This Period Date Amount				
Date Loan was originally incurred	М	D	Y	М	D	Y	S	М	D	Y	5
Registration Number, if PAC			<u></u>	М	D	Y		М	D	Y	~
Employer/Occupation/Labor Organization*			М	D	Y		М	D	Y		
Required for contributions from the individual's business, if any, labor organization of which the	rather than er	nployer s	hould be li	sted. If to	vo or m	ore emp	loyees contribute via p	utor is self payroll dec	f-employe duction ar	ed, the or nd excee	ecupation and the name of the aggregate of \$100, to
if a loan is forgiven, write "Fo Income (Form No. 31-A-2). T	ransfer total	of all pa	, standing I syments п	Balance' nade in t	' space. his peri	Trans	fer total of all loans he Statement of Exp	received enditures	this per (Form l	iod to ti No. 31-	he Statement of Other B). Transfer Outstandi

Total prior amount \$ \$0.		
<sup>2</sup> Total received this period \$	\$2,056.18	(To Form No. 31-A-2)
<sup>3</sup> Total payments this period \$ _	\$0.00	(To Form No. 31-B)
<sup>4</sup> Total Outstanding Balance \$ _	\$2,056.18	(To Form No. 30-A)