

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Daphne Moehring for Gahanna School Board									
Full Name of Contributor Kathryn Sheets						Registration Number, if PAC			
Street Address 209 Glenhurst			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Paypal		
City Gahanna		State OH		Zip Code 43230		M 0		D 9	
						Y 1		Amount \$25.00	
Full Name of Contributor Brian and Joan Miller						Registration Number, if PAC			
Street Address 8019 Bowfin Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Paypal		
City Gahanna		State OH		Zip Code 43230		M 0		D 9	
						Y 1		Amount \$50.00	
Full Name of Contributor Gay Meads						Registration Number, if PAC			
Street Address 388 Armor Hill			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Paypal		
City Gahanna		State OH		Zip Code 43230		M 0		D 9	
						Y 2		Amount \$100.00	
Full Name of Contributor Blair and Carol Bickel						Registration Number, if PAC			
Street Address 1398 Windrush Circle			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Blacklick		State OH		Zip Code 43004		M 1		D 0	
						Y 0		Amount \$25.00	
Full Name of Contributor Rick Duff						Registration Number, if PAC			
Street Address 312 Dunbarton Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Paypal		
City Gahanna		State OH		Zip Code 43230		M 1		D 0	
						Y 0		Amount \$20.00	
Full Name of Contributor Jeff and Kelly Shellhammer						Registration Number, if PAC			
Street Address 143 Brookhill			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Gahanna		State OH		Zip Code 43230		M 1		D 0	
						Y 1		Amount \$100.00	
Full Name of Contributor Christopher Schuett						Registration Number, if PAC			
Street Address 225 Stonegate Circle			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Gahanna		State OH		Zip Code 43230		M 1		D 0	
						Y 1		Amount \$75.00	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State		Zip Code		M		D	
		OH						Amount	

* 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 **\$395.00**