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F	L.C	Ξ.	35	17	.10

In-Kind Contributions Received

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Page	1	

Prescribed by Secretary of State 03/05

Name of Committee in Full				
Daphne Moehring for Gahanna School Board				
Full Name of Contributor	I Employer Occi	upation, Labor Organization*	Registration Number	EB+C
Joan Mast	Linprojet, Cott	pation, Later Organization	Kefishanon Lumber,	II PAC
Street Address	Description of Item or Service		M D Y	Fair Market Value
2733 Wickliffe Rd	4 rolls of stamps			5 \$196.00
City	Stai te	Zip Code	Received at Fundraisin	
Columbus	OH	43221		
Full Name of Contributor		upation, Labor Organization*	O YES Registration Number,	O NO
Deborah Stemen	Zimpioyer, occu	pation, Edoor Organization	Registration (vultoe),	I FAC
Street Address	Description of It	tem or Service	M D Y	Fair Market Value
311 Watling Rd	·		1 0 3 0 1 5 \$45.29	
City	Candy for Creepside State Zip Code		Received at Fundraising Event?	
Gahanna	OĤ.	43230	ŀ	_
Full Name of Contributor		upation, Labor Organization*	O YES Registration Number,	O NO CBAC
Deborah Stemen	Employer, Occu	pation, Labor Organization	Registration Number,	ITAC
Street Address	Description of Ite	rem or Service	M D Y	Fair Market Value
311 Watling Rd	ł	lovember/December		
City	Sta'te	Zip Code	1 1 3 0 1	
Gahanna	OH	43230	1	_
Full Name of Contributor		upation, Labor Organization*	Registration Number,	O NO
The Committee	Linproyer, Octo	ipation, Davos Organization	ixegistration from etc.	TFAC
Street Address	Description of Its	em or Service	M D Y	Fair Market Value
		or on		THE PROPERTY OF THE PARTY OF TH
City	Sta te	Zip Code	Received at Fundraisin	or Event ⁹
,	ОН			_
Full Name of Contributor		apation, Labor Organization*	Registration Number, i) NO FPAC
Street Address	Description of Item or Service		M ₁ D ₂ Y ₁	Fair Market Value
City	Sta' te	Zip Code	Received at Fundraisin	g Event?
	ОН			O 100
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address	Description of Item or Service		M D Y	Fair Market Value
City	Sta te	Zip Code	Received at Fundraisin	g Event?
	OH		O YES	O NO
Full Name of Contributor	Employer, Occu	upation, Labor Organization*	Registration Number,	
Street Address	Description of Item or Service		M D Y	Fair Market Value
				İ
City	Sta te	Zip Code	Received at Fundraisin	g Event?
	ОН		OYES	ом С
Full Name of Contributor	Employer, Occu	upation, Labor Organization*	Registration Number, i	
Street Address	Description of Item or Service		M D Y	Fair Market Value
				1
City	Sta' te	Zip Code	Received at Fundraisin	g Event?
	OH		OYES	O NO

Page Total \$281.09

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]