



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee					
• • • • • • • • • • • • • • • • • • • •					
Daphne Moehring for Gahanna School Board					
Full Name of Contributor				Registration Number, if PAC	
None					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
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City	State	Zip Code	Date (MM/D	DWW)	Amount
	ОН		Cate (WIIWI)	<i>D</i> /1111)	, anount
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Full Name of Contributor				Registration Numb	er, if PAC
Street Address	Employer	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)			Form (Cash, Check, etc.)
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City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
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Full Name of Contributor				Registration Numb	or if BAC
Tall Name of Contributor				Registration Numb	ei, ii FAC
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Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
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Full Name of Contributor			Registration Nu		er, if PAC
Street Address	Employer/Occupation/Labor Organization* Form (Cash,			Form (Cash, Check, etc.)	
outst./ Marcos	Employer cocupation Labor Cigamization				Tom (Guar, Greak, Glo.)
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City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
	ОН				
Full Name of Contributor				Registration Number, if PAC	
]	
Street Address	Employer/Occupation/Labor Organization*			<u> </u>	Form (Cash, Check, etc.)
City	State	Zíp Code	Date (MM/D	DWWW)	Amount
	OH		Date (IVIIVI/D	<i>U/</i> 1111 <i>)</i>	, anount

Page Total \$0.00	

^{*}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)]