



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Daphne Moehring for Gahanna School Board				
Full Name of Contributor Carol Mularski			Registration Number, if PAC	
Street Address 183 Creekside Green Dr	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal	
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY) 10/25/19	Amount \$100.00
Full Name of Contributor Linda Jakob			Registration Number, if PAC	
Street Address linda.jakob@icloud.com	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal	
City	State	Zip Code	Date (MM/DD/YYYY) 10/28/19	Amount \$250.00
Full Name of Contributor Gahanna Jefferson Educational Foundation			Registration Number, if PAC	
Street Address 2687 Northeast Dr	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Blacklick	State OH	Zip Code 43004	Date (MM/DD/YYYY) 11/05/19	Amount \$1000.00
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/DD/YYYY)	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 \$1,350