



In-Kind Contributions Received

Form 31-J-1 R.C. 3517.10

Tull Name of Course the						
Full Name of Committee	DI					
Daphne Moehring for Gahanna School	Board					
Full Name of Contributor			Employer, Occupation, Labor Organization*		Registration Number, if PAC	
None						
Street Address Descrip		otion of Item or Service			Date (MM/DD/YYYY)	Fair Market Value
	ł					
City		State	Zip Code	Received at Fundraisi	lng Event?	
			,	Yes No		
Full Name of Contributor			Employer, Occupatio	n, Labor Organization*	Registration Number, if PAC	
		,				
Street Address Descrip		tion of Item or Service		Date (MM/DD/YYYY)	Fair Market Value	
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City	I	State	Zip Code	Received at Fundraisi	na Event?	<u></u>
				O Yes O No		
Full Name of Contributor		<u> </u>	Employer, Occupation, Labor Organization*		Pagistration Number if BAC	
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Street Address Descript		ption of Item or Service			Date (MM/DD/YYYY)	Fair Market Value
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City		State	Zip Code Received at Fundrais		sing Event?	
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Full Name of Contributor			Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address Descripti		Description of Item or Service			Date (MM/DD/YYYY)	Fair Market Value
City		State	Zip Code	Received at Fundraisi	Received at Fundraising Event?	
				O Yes O No		
Full Name of Contributor			Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address Descrip) otion of Item or Service			Date (MM/DD/YYYY)	Fair Market Value
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City State		oiaie	Zip Code	Received at Fundraising Event? No No		
				LA TES CA NO	- <u></u>	.

Page Total \$	\$0.00		
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^{*} 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)]