31-J-1 R.C. 3517.10

FOR PAPER FILING ONLY In-Kind Contributions Received

Page	

Prescribed by Secretary of State 03/0:

	Prescribed by Secretary of State 03/03	
Name of Committee in Full Daphne Moehring for Gahanna So	chool Board	
Full Name of Contributor	Employer, Occupation, Labor Organization*	In C. N Spac
None	Employer, Occupation, Labor Organization	Registration Number, if PAC
		
Street Address	Description of Item or Service	M D Y Fair Market Value
City	Stalte Zip Code	Received at Fundraising Event?
	OH	QYES O NO
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	State Zip Code	Received at Fundraising Event?
	OH	1
5 11 N 60 4 11 4		OYES ONO
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	State Zip Code	Received at Fundraising Event?
·	OH	1 0 yrs
Full Name of Contributor	Employer, Occupation, Labor Organization*	YES NO Registration Number, if PAC
run Name of Contributor	Employer, Occupanon, Labor Organization	Registration Number, it the
Street Address	Description of Item or Service	M D Y Fair Market Value
City	State Zip Code	Received at Fundraising Event?
	OH I	OYES O NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
an Name of Condition	Employer, occupation, Euler organization	rogistianos, irritorios,
Street Address	Description of Item or Service	M D Y Fair Market Value
Short Madess		
C.L.	State Zip Code	Received at Fundraising Event?
City	Starte Zip Code	
		OYES ONO
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	State Zip Code	Received at Fundraising Event?
	OH	O YES O NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Carra A Jarra	Description of Item or Service	M D Y Fair Market Value
Street Address	Description of Item of Service	I all Market value
City	State Zip Code	Received at Fundraising Event?
	OH	OYES O NO
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	State Zip Code	Received at Fundraising Event?
	OH	OYES O NO

^{*} 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)]