

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Daphne Moehring for Gahanna School Board					
Full Name Daphne Moehring				Registration Number, if PAC	
Address 411 Lily Pond	Type* LN		M 1	D 0	Y 1
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc.) Cash		Amount \$2,056.18
Full Name				Registration Number, if PAC	
Address				M	D
City				Y	Amount
Type* RE				Form (Cash, Check, etc.)	
State OH				Zip Code	
Full Name				Registration Number, if PAC	
Address				M	D
City				Y	Amount
Type* RE				Form (Cash, Check, etc.)	
State OH				Zip Code	
Full Name				Registration Number, if PAC	
Address				M	D
City				Y	Amount
Type* RE				Form (Cash, Check, etc.)	
State OH				Zip Code	
Full Name				Registration Number, if PAC	
Address				M	D
City				Y	Amount
Type* RE				Form (Cash, Check, etc.)	
State OH				Zip Code	
Full Name				Registration Number, if PAC	
Address				M	D
City				Y	Amount
Type* RE				Form (Cash, Check, etc.)	
State OH				Zip Code	
Full Name				Registration Number, if PAC	
Address				M	D
City				Y	Amount
Type* RE				Form (Cash, Check, etc.)	
State OH				Zip Code	
Full Name				Registration Number, if PAC	
Address				M	D
City				Y	Amount
Type* RE				Form (Cash, Check, etc.)	
State OH				Zip Code	

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.