Statement of Other Income

Page 1

Prescribed by Secretary of State 2/01

Name of Committee in Full			
Daphne Moehring for Gahanna Schoo	l Board		
Full Name			Registration Number, if PAC
Daphne Moehring			
Address	Type*		M D Y Amount
411 Lily Pond	LN		1 0 1 6 1 5 \$2,056.18
City	State	Zip Code	Form (Cash, Check, etc.)
Gahanna	OH	43230	Cash
Full Name			Registration Number, if PAC
			!
Address	Type*		M D Y Amount
	Ì RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name			Registration Number, if PAC
Address	Type*		M. D. Y. Amount
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City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name			Registration Number, if PAC
Address	Type*		M. D. Y. Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
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City	RE	Zip Code	For (Code Charleson)
City	Staje OH	Zip Code	Form (Cash, Check, etc.)
Full Name	I On		Design the New York Const.
Tun Nauc			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH.		
Full Name		. •	Registration Number, if PAC
Address	1 45-4		N I D
Address	Type*		M D Y Amount
<u></u>	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
Eall Mana	OH		Province No. 1
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RĒ		
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		

2,056.18

Page Total \$

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.