



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee Daphne Moehring for Gahanna School Board			
Full Name of Contributor Daphne Moehring		Registration Number, if PAC	
Street Address 441 Lily Pond Ct	Type* Loan Payments Received	Date (MM/DD/YYYY) 07/11/19	Form (Cash, Check, etc.) Check
City Gahanna	State OH	Zip Code 43230	Amount \$750
Full Name of Contributor Daphne Moehring		Registration Number, if PAC	
Street Address 441 Lily Pond Ct	Type* Loan Payments Received	Date (MM/DD/YYYY) 07/11/19	Form (Cash, Check, etc.) Credit Card
City Gahanna	State OH	Zip Code 43230	Amount \$587.59
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount

* 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.

Page Total \$ **\$1,337.59**