



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee				
Daphne Moehring for Gahanna School Board				
To Whom Paid			Date (MM/DD/YYYY)	Amount
None				
Street Address	Purpose			
City	i	Zip (Zip Code Check Number	
	ОН			
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address	Purpose			
				
-		Zip (Code	Check Number
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To Whom Paid			Date (MM/DD/YYYY)	Amount
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City	State	te Zip Code Check Number		Check Number
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To Whom Paid		\neg	Date (MM/DD/YYYY)	Amount
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Street Address	Purpose			
City	State	Zip	Code	Check Number
	ОН			
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address	Purpose			
City	1	Zip	Code	Check Number
	ОН			

Page Total \$	0.00	