

| Event Date 8/26/19 Page | 3 |
|-------------------------|---|
|-------------------------|---|

Statement of Contributions Received at a Social or Fund-Raising Event

Form 31-E

C 3517 10(B)

| | | | | | R.C. 3517.10(B) |
|--|---|--|-----------------------------|--|-----------------|
| Full Name of Committee Daphne Moehring for Gahanna School Boal | rd | | | | |
| Full Name of Contributor | | ······································ | | Registration Number, if PAC | |
| Ryan Jolley | | | | | i |
| Street Address | Employer/Occupation/Labor Organization* | | | Date (MM/DD/YYYY) | Amount |
| 80 Shull Ave 3A | | | - | 08/26/19 | 25.00 |
| City | 1 [5 | State | Zip Code | Form (Cash, Check, Etc | 40 |
| Gahanna | | ОН | 43230 | Check | |
| Full Name of Contributor | L_ | | | Registration Number, if PAC | |
| Robert Dean | | | | | |
| Street Address | Employer | /Occupat | ion/Labor Organization* | Date (MM/DD/YYYY) | Amount |
| 449 Allanby Ct | | | | 08/26/19 | 25.00 |
| City | 8 | State | Zip Code | Form (Cash, Check, Etc | |
| Gahanna | (| ОН | 43230 | Check | |
| Full Name of Contributor | | | | Registration Number, if PAC | |
| Bryon Marusek | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) | Amount | |
| 676 Forestwood Dr | | | | 08/26/19 | 35.00 |
| City | • | State | Zip Code | Form (Cash, Check, Etc | |
| Gahanna | | ОН | 43230 | Check | |
| Full Name of Contributor | | | Registration Number, if PAC | A STATE OF THE STA | |
| | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) | Amount | |
| City | | State | Zip Code | Form (Cash, Check, Etc | |
| Full Name of Contributor | | | Registration Number, if PAC | | |
| Street Address | Employer/Occupation/Labor Organization* | | ion/Labor Organization* | Date (MM/DD/YYYY) | Amount |
| City | | State | Zip Code | Form (Cash, Check, Etc | |
| * Pequired for contributions from individuals over \$100 | | | | | |

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

| Total Contributions | This Event |
|----------------------------|------------|
| \$1285 | |

| Total Expenditures | This | Event |
|--------------------|------|--------------|
| \$0 | | |

| Page Total | \$ ⁸⁵ | |
|------------|---|--|
| | *************************************** | |

^{*} Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the 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)]