

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Re-Elect Becky Stinchcomb for Mayor Committee					
Full Name of Contributor Michael Purdum				Registration Number, if PAC	
Street Address 2383 Cambridge Blvd	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Upper Arlington	State OH	Zip Code 43221	Amount \$500.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Denise L. Farley				Registration Number, if PAC	
Street Address 333 Farm Creek Dr.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Gahanna	State OH	Zip Code 43230	Amount \$50.00	Form (Cash, Check, etc.) check	
Full Name of Contributor Jeanne Weinland				Registration Number, if PAC	
Street Address 1305 Bingham Mills Dr.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City New Albany	State OH	Zip Code 43054	Amount \$50.00	Form (Cash, Check, etc.) check	
Full Name of Contributor Elizabeth Zaino				Registration Number, if PAC	
Street Address 1045 Eastchester Dr.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Gahanna	State OH	Zip Code 43230	Amount \$150.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor James Johnston				Registration Number, if PAC	
Street Address 628 Fleetrun Ave.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Gahanna	State OH	Zip Code 43230	Amount \$40.00	Form (Cash, Check, etc.) check	
Full Name of Contributor Kelly Law				Registration Number, if PAC	
Street Address 857 Moon Glow Ct.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Gahanna	State OH	Zip Code 43230	Amount \$250.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Mary Berger				Registration Number, if PAC	
Street Address 109 Eton Ct.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Gahanna	State OH	Zip Code 43230	Amount \$20.00	Form (Cash, Check, etc.) Check	

* 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)]

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

\$1,655.00

Total expenditures this event

\$0.00

Page Total \$ **\$1,060.00**