

FOR PAPER FILING ONLY

Statement of Contributions Received

Page _____

Prescribed by Secretary of State 03/05

Name of Committee in Full Re-Elect Becky Stinchcomb for Mayor Committe							
Full Name of Contributor Mina Dioun				Registration Number, if PAC			
Street Address 6965 Clivdon Mews		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City New Albany	State OH	Zip Code 43054	M 1	D 0	Y 2	Amount \$750.00	
Full Name of Contributor Mo Dioun				Registration Number, if PAC			
Street Address 6965 Clivdon Mews		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City New Albany	State OH	Zip Code 43053	M 1	D 0	Y 2	Amount \$750.00	
Full Name of Contributor Sheila Dioun				Registration Number, if PAC			
Street Address 1208 Sanctuary Pl.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State OH	Zip Code 43230	M 1	D 0	Y 2	Amount \$250.00	
Full Name of Contributor Adam Trautner				Registration Number, if PAC			
Street Address 1208 Sanctuary Pl.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State OH	Zip Code 43230	M 1	D 0	Y 2	Amount \$250.00	
Full Name of Contributor Daniel P. Rako				Registration Number, if PAC			
Street Address 5969 Dublin-Granville		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State OH	Zip Code 43230	M 1	D 1	Y 0	Amount \$25.00	
Full Name of Contributor Steven Van Slyck				Registration Number, if PAC			
Street Address 134 Rocky Creek Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State OH	Zip Code 43230	M 1	D 1	Y 0	Amount \$50.00	
Full Name of Contributor David Huston				Registration Number, if PAC			
Street Address 14515 Robinson Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Plain City	State OH	Zip Code 43064	M 1	D 1	Y 0	Amount \$40.00	
Full Name of Contributor Emily Santner				Registration Number, if PAC			
Street Address 2650 Dayton Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43202	M 1	D 1	Y 0	Amount \$10.00	

* 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)]

Page Total **\$2,125.00**