

FOR PAPER FILING ONLY
Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full Re-Elect Becky Stinchcomb for Mayor Committee							
Full Name of Contributor Robert C. Stinchcomb						Registration Number, if PAC	
Street Address 1012 Cloverly Dr.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash	
City Gahanna		State OH	Zip Code 43230	M 0	D 3	Y 1	Amount \$50.00
Full Name of Contributor Michael S. Carder						Registration Number, if PAC	
Street Address 1312 Windtree Ct.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City New Albany		State OH	Zip Code 43054	M 0	D 3	Y 1	Amount \$500.00
Full Name of Contributor Gerry Bird						Registration Number, if PAC	
Street Address 4063 Herald Square		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Dublin		State OH	Zip Code 43016	M 0	D 3	Y 1	Amount \$100.00
Full Name of Contributor Brad Yates						Registration Number, if PAC	
Street Address 15 Clairedan Dr.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Powell		State OH	Zip Code 43065	M 0	D 3	Y 2	Amount \$1,000.00
Full Name of Contributor Suzanne Edgar						Registration Number, if PAC	
Street Address 634 Morning St.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Worthington		State OH	Zip Code 43085	M 0	D 4	Y 1	Amount \$350.00
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH	Zip Code	M	D	Y	Amount

* 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 **\$2,000.00**