## **Statement of Other Income**

Page	

Prescribed by Secretary of State 2/01

Name of Committee in Full			
Re-Elect Becky Stinchcomb for Mayor Committee	<u></u>		
Full Name Rebecca W. Stinchcomb			Registration Number, if PAC
Address	Туре*		M D Y Amount
1012 Cloverly Dr.	_LN		1 0 2 1 0 7 \$297.81
City	State	Zip Code	Form (Cash, Check, etc.)
Gahanna	ОН	43230	Visa
Full Name			Registration Number, if PAC
Rebecca W. Stinchcomb	T.İ		M D V Amus
Address 1012 Cloverly Dr.	Type*		M D Y Amount 1 0 3 1 0 7 \$49.95
City	LN Staite _	Zip Code	Form (Cash, Check, ctc.)
Gahanna	OH	43230	Visa
Full Name			Registration Number, if PAC
Rebecca W. Stinchcomb			
Address	Type*		M D Y Amount
1012 Cloverly Dr.	LN _		1 1 0 2 0 7 \$36.90
City	State	Zip Code	Form (Cash, Check, etc.)
Gahanna	ОН	43230	Visa
Full Name			Registration Number, if PAC
Address	T.L*	· ·	Me ID V. Taman
r king tid	Tyi̇́pe*		M D Y Amount
City	RE State	Zip Code	Form (Cash, Check, etc.)
	OH OH		(,
Full Name	<u> </u>		Registration Number, if PAC
Address	Туре		M D Y Amount
	RE _		
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		
Full Name			Registration Number, if PAC
Address	T.L*		M D Y Amount
11000 100	Type*		M: D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		( 4
Full Name	<u> </u>	<u>!</u>	Registration Number, if PAC
Address	Туре*		M D Y Amount
	L_RÉ _		<u>                                     </u>
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name			Registration Number, if PAC
Address	Type*	·	M D Y Amount
	_RE _		<u>                                     </u>
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		

384.66
Page Total \$

<sup>\*</sup> Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.