

FOR PAPER FILING ONLY
In-Kind Contributions Received

Page _____

Prescribed by Secretary of State 03/05

Name of Committee in Full				
Re-Elect Becky Stinchcomb for Mayor Committee				
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Robert C. Stinchcomb				
Street Address		Description of Item or Service		M D Y Fair Market Value
1012 Cloverly Dr.		1st Class Stamps		0 2 2 8 0 7 \$9.36
City		State	Zip Code	Received at Fundraising Event?
Gahanna		OH	43230	<input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Robert C. Stinchcomb				
Street Address		Description of Item or Service		M D Y Fair Market Value
1012 Cloverly Dr.		Paper		0 2 2 8 0 7 \$63.41
City		State	Zip Code	Received at Fundraising Event?
Gahanna		OH	43230	<input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Robert C. Stinchcomb				
Street Address		Description of Item or Service		M D Y Fair Market Value
1012 Cloverly Dr.		Envelopes		0 2 2 8 0 7 \$26.68
City		State	Zip Code	Received at Fundraising Event?
Gahanna		OH	43230	<input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event?
		OH		<input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event?
		OH		<input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event?
		OH		<input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event?
		OH		<input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event?
		OH		<input type="radio"/> YES <input type="radio"/> NO

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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 **\$99.45**