

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 Corey Crognale			Registration Number, if PAC	
Street Address 1052 Arcaro Dr.	Employer/Occupation/Labor Organization*		M D Y 0 9 2 3 1 1	Amount \$40.00
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc.) Check	
Full Name of Contributor Gary Batke			Registration Number, if PAC	
Street Address 885 Cordero Lane	Employer/Occupation/Labor Organization*		M D Y 0 9 2 3 1 1	Amount \$50.00
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc.) Check	
Full Name of Contributor Joanne Bushby			Registration Number, if PAC	
Street Address 361 S. Hamilton Rd.	Employer/Occupation/Labor Organization*		M D Y 0 9 2 3 1 1	Amount \$25.00
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc.) check	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	

* 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 \$ **\$115.00**