Statement of Other Income

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Prescribed by Secretary of State 2/01

Name of Committee in Full				
Re-Elect Becky Stinchcomb for Mayor Committee				
Full Name Rebecca W. Stinchcomb			Registration Number, if PAC	
Address	Type*		M D Y Amount	
1012 Cloverly Dr.	LN _		0 3 0 5 0 7 \$49.95	
Cohonna	Starte	Zip Code 43230	Form (Cash, Check, etc.)	
Gahanna Full Name	ОН	43230	Visa	
Rebecca W. Stinchcomb			Registration Number, if PAC	
Address	Type"		M D Y Amount	
1012 Cloverly Dr.	LN		0 3 2 7 0 7 \$133.44	
City	State -	Zip Code	Form (Cash, Check, etc.)	
Gahanna	ОН	43230	Visa	
Full Name		<u> </u>	Registration Number, if PAC	
Rebecca W. Stinchcomb				
Address	Туре		M D Y Amount	
1012 Cloverly Dr.	LN _	8: 8.4	0 3 2 9 0 7 \$49.95	
Cabana	State	Zip Code 43230	Form (Cash, Check, etc.) Visa	
Gahanna Full Name	ОН	43230	Registration Number, if PAC	
rui (vanie			registration Number, it 1A0	
Address	Туре		M D Y Amount	
	RE			
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name			Registration Number, if PAC	
Address	Type*		M. D. Y. Amount	
1 NAM VSS	RE		Amount	
City	State	Zip Code	Form (Cash, Check, etc.)	
	он'			
Full Name		· · · · · · · · · · · · · · · · · · ·	Registration Number, if PAC	
	····			
Address	Type*		M D Y Amount	
City	RE State	Zip Code	Form (Cash, Check, etc.)	
	OH OH	Zip code	Total (oran, oran, oran,	
Full Name			Registration Number, if PAC	
Address	Time*		M. D. Y. Amount	
	Type* RE		Amount	
City	State	Zip Code	Form (Cash, Check, etc.)	
	OH			
Full Name			Registration Number, if PAC	
Address	Type*		M D Y Amount	
	RE		[
City	State	Zip Code	Form (Cash, Check, etc.)	
	OH			

233.34

Page Total \$

^{*} 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.