

FOR PAPER FILING ONLY

Statement of 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 Rebecca W. Stinchcomb				Registration Number, if PAC <i>Should Have been reported on form 31-A-2</i>			
Street Address 1012 Cloverly Dr.		Employer/Occupation/Labor Organization*		M		D	
City Gahanna		State OH		Zip Code 43230		Y 07	
Form (Cash, Check, etc.) Loans				Amount \$384.66			
Full Name of Contributor							
Street Address				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City		State		Zip Code		M D Y	
		OH					
Full Name of Contributor				Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City		State		Zip Code		M D Y	
		OH					
Full Name of Contributor				Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City		State		Zip Code		M D Y	
		OH					
Full Name of Contributor				Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City		State		Zip Code		M D Y	
		OH					
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City		State		Zip Code		M D Y	
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City		State		Zip Code		M D Y	
		OH					
Full Name of Contributor				Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City		State		Zip Code		M D Y	
		OH					

* 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 **\$384.66**