31-A R.C. 3517.10

FOR PAPER FILING ONLY Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full					
Re-Elect Becky Stinchcomb f	or Mayor Comm	nittee			
Full Name of Contributor Richard Pontius			Registrati	on Number, if PA	AC .
Street Address 3841 Patricia Dr.	Employer/Occupation/Labor Organization*		•		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43220	0 8	2 2 0 7	Amount \$500.00
Full Name of Contributor William Stehle Registration Number, if PAC					
Street Address 654 Crossing Creek S.	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check
City Gahanna	State OH	Zip Code 43230	0 8 2	2 2 0 7	Amount \$50.00
Full Name of Contributor Kevin Walker Registratio				on Number, if PA	AC .
Street Address 6801 Meadow Glen S.	Employer/Occu	<u> </u>		Form (Cash, Check, etc.) Check	
City Westerville	State OH	Zip Code 43082	0 ^M 8	2 2 0 7	Amount \$100.00
Il Name of Contributor Registration Number, le Patricia Walden				on Number, if PA	AC .
Street Address 980 Ridge Crest Dr.	Employer/Occu			Form (Cash, Check, etc.) Check	
City Gahanna	State OH	Zip Code 43230	0 ^M 9	D 7 0 7	Amount \$30.00
Full Name of Contributor Registration Number, if PAC Robert Wilson					
Street Address 339 Wynne Ridge Ct.	Employer/Occu	pation/Labor Organization®			Form (Cash, Check, etc.) Check
City Gahanna	Stake OH	Zip Code 43230	0 8	3 1 0 7	Amou <u>m</u> ; \$25.00
Full Name of Contributor Michael Moran, LPA Registration Number, if PAC					
Street Address 181 Granville St.	Employer/Occu	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Gahanna	State OH	Zip Code 43230	0 ^M ,	D 7 0 7 0	Amount \$100.00
Full Name of Contributor Smith & Hale LLC Registration Number, i				on Number, if PA	AC .
Street Address 37 W. Broad	Employer/Occu	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	0 8	3 0 0 7	Amount \$250.00
Full Name of Contributor Brigitte Prosch Registration Number, if PAC					
Street Address 394 Howland Dr.	Employer/Occu	pation/Labor Organization*			Form (Cash, Check, etc.) Check
City Gahanna	State OH	Zip Code 43230	0 8	3 0 0 7	Amount \$250.00

Page Total \$1,305.00

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)]