31-J-1 R.C. 3517.10

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 Cor	nmittee			
	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Full Name of Contributor Robert C. Stinchcomb	Empayer, Occupa	andi, Laber Organization	registration variety in the	
Street Address	Description of Item or Service			larket Value
1012 Cloverly Dr.	1st Class Stamps		022807 \$9.	36
City	Stal te	Zip Code	Received at Fundraising Event?	
Gahanna	OH.	43230	OYES O NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Robert C. Stinchcomb			M B V F	larket Value
Street Address	Description of Item or Service			
1012 Cloverly Dr.	Paper		0 2 2 8 0 7 \$63.41	
City	Stal te OH	Zip Code 43230		
Gahanna Full Name of Contributor		ation, Labor Organization*	Registration Number, if PAC	-
Robert C. Stinchcomb	Emparyer, Occup	utility that or gamma.		
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	ОН	43230	OYES O NO	
Full Name of Contributor	Employer, Occup	ation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service		M D Y Fair M	farket Value
City	State	Zip Code	Received at Fundraising Event?	
	ОН		OYES ONO	
Full Name of Contributor	Employer, Occup	ation, Labor Organization*	Registration Number, if PAC	
	Description of Item or Service		M D Y Fair M	farket Value
Street Address				maket value
City	Sta te	Zip Code	Received at Fundraising Event?	-
i City	OH		Oyes Ono	
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
The Market of Containing				
Street Address	Description of Item or Service		M; D Y Fair M	farket Value
City	Stal te	Zip Code	Received at Fundraising Event?	
	OH		O YES O NO	
Full Name of Contributor	Employer, Occup	nation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service		Me D Y Fair M	íarket Value
City	State Zip Code		Received at Fundmising Event? OYES NO NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address	Description of Item or Service		Mi D Y Fair M	Aarket Value
1				
City	Star te	Zip Code	Received at Fundraising Event?	
1	OH OYES O NO			

Page Total \$99.45

^{*} 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 fisted. 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)]