

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Re-Elect Becky Stinchcomb for Mayor Committee												
Full Name of Contributor Brad Yates						Registration Number, if PAC						
Street Address 9156 Tartan Fields Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Dublin		State OH		Zip Code 43017		M 0		D 7		Y 0 7 1 1		Amount \$500.00
Full Name of Contributor Andre Buckles						Registration Number, if PAC						
Street Address 132 Preston Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State OH		Zip Code 43209		M 0		D 5		Y 3 0 1 1		Amount \$500.00
Full Name of Contributor Jeffrey Kessler						Registration Number, if PAC						
Street Address 99 Walcreek Dr. E.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Gahanna		State OH		Zip Code 43230		M 0		D 9		Y 2 3 1 1		Amount \$100.00
Full Name of Contributor Eric Miller						Registration Number, if PAC						
Street Address 588 Wickham Way			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Gahanna		State OH		Zip Code 43230		M 0		D 9		Y 2 3 1 1		Amount \$25.00
Full Name of Contributor Renee Lane						Registration Number, if PAC						
Street Address 5360 Shannon Park Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Dublin		State OH		Zip Code 43017		M 1		D 0		Y 0 6 1 1		Amount \$350.00
Full Name of Contributor Thomas Wester						Registration Number, if PAC						
Street Address 888 Ludwig Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Gahanna		State OH		Zip Code 43230		M 0		D 8		Y 2 6 1 1		Amount \$150.00
Full Name of Contributor Max Brown						Registration Number, if PAC						
Street Address 6648 Walnut St.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City New Albany		State OH		Zip Code 43054		M 0		D 4		Y 1 8 1 1		Amount \$200.00
Full Name of Contributor Carl Tisone						Registration Number, if PAC						
Street Address 585 Wickham Way			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Gahanna		State OH		Zip Code 43230		M 0		D 9		Y 2 1 1 1		Amount \$25.00

* 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)]