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## **Statement of Contributions Received**

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Prescribed by Secretary of State 03/05

Name of Committee in Full Re-Elect Becky Stinchcomb for Mayor	Committee		· · · · · · · · · · · · · · · · · · ·	<u></u> -		
Full Name of Contributor  Karl Schaeffer	Registration Number, if I	Registration Number, if PAC				
Street Address 6372 Windrush Ln	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check		
City Blacklick	State OH	Zip Code 43004	0 7 1 2 1 1	Amount \$50.00		
Full Name of Contributor Moving Forward PAC			Registration Number, if I OH 1494	PAC		
Street Address 10133 Covan Dr.	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check		
City Westerville	State OH	Zip Code 43082	M D Y O 7 1 2 1 1	Amount \$100.00		
Full Name of Contributor David Askew	Registration Number, if PAC					
Street Address 100 Monticello Ave	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.) Check		
City Annapolis	State MD	Zip Code 21401	$\begin{bmatrix} M \\ 0 \end{bmatrix} \begin{bmatrix} 6 \\ 3 \end{bmatrix} \begin{bmatrix} 0 \\ 1 \end{bmatrix} \begin{bmatrix} 1 \\ 1 \end{bmatrix}$	Amount \$500.00		
Full Name of Contributor Peter Askew	Registration Number, if					
Street Address 5203 Purlington Way	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.) Check		
City Baltimore	State MD	Zip Code 21212	0 7 0 1 1 1	Amount \$500.00		
Full Name of Contributor Thomas Riley						
Street Address 5841 W. 50th St.	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.) Check		
City La Porte	State IN	Zip Code 46350	$0 \stackrel{M}{ } 6 \stackrel{3}{ } 0 \stackrel{1}{ } 1$	Φ000,00		
Full Name of Contributor Registration Number, if PAC  Donald Kenney						
Street Address 470 Olde Worthington Road Stuie 100	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State OH	Zip Code 43082	0 7 2 9 1 1			
Full Name of Contributor  David Thom	Registration Number, if					
Street Address 511 Haversham Dr.	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State OH	Zip Code 43230	0 8 0 2 1 1	Amount \$50.00		
Full Name of Contributor Christine M. Duraney			Registration Number, if			
Street Address 6019 Weathered Oak Court	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State OH	Zip Code 43082	0 7 1 4 1 1	Amount \$200.00		

Page Total \$2,400.00

<sup>\*</sup>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)]