Event Date Sept-23, 2011
Page

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

N 60 10 1 P.N			
Name of Committee in Full Re-Elect Becky Stinchcomb for Mayor Committe			
Full Name of Contributor Doug Maddy		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization	on* M D Y Amount	
6300 Clark St. Rd		0 9 2 3 1 1 \$20.00	
City	State Zip Code OH 43230	Form (Cash, Check, etc.)	
Gahanna Full Name of Contributor	OH 43230	Cash Registration Number, if PAC	
Heather Bishoff		Registration (Millori, 1) FAC	
Street Address	Employer/Occupation/Labor Organization	m* M D Y Amount	
2902 Braden Way		0 9 2 3 1 1 \$60.00	
City	State Zip Code	Form (Cash, Check, etc.)	
Gahanna	OH 43230	cash	
Full Name of Contributor Cary Kowalski		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization		
516 Howland Dr.	State Zip Code	0 9 2 3 1 1 \$20.00 Form (Cash, Check, etc.)	
City Gahanna	OH 43230	cash	
Full Name of Contributor	1 0	Registration Number, if PAC	
Laurie Jadwin			
Street Address	Employer/Occupation/Labor Organization		
122 Pond Hollow Lane		0 9 2 3 1 1 \$40.00	
City Now Albany	State Zip Code	Form (Cash, Check, etc.)	
New Albany Full Name of Contributor	OH 43054	cash Registration Number, if PAC	
Edward Davis			
Street Address 512 Landover Place	Employer/Occupation/Labor Organization	0 9 2 3 1 1 \$300.00	
City Gahanna	Sta'te Zip Code OH 43230	Form (Cash, Check, etc.) cash	
Full Name of Contributor Mark Samborsky		Registration Number, if PAC	
Street Address 907 Trifecta Ct.	Employer/Occupation/Labor Organization	0 9 2 3 1 1 Amount \$20.00	
City Gahanna	Sta te Zip Code OH 43230	Form (Cash, Check, etc.) cash	
Full Name of Contributor Jeffrey Mackey		Registration Number, if PAC	
Street Address 924 Thayer Dr.	Employer/Occupation/Labor Organizati	on* 0 9 2 3 1 1 Amount \$20.00	
City Gahanna	State Zip Code OH 43230	Form (Cash, Check, etc.) check	
	20 11 10 14 11 111	Ifib	

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event
ı
\$1,655.00

\$0.00

Total expenditures this event.

Page Total \$ \$480.00

^{*} 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)]