31-C R.C. 3517.10

FOR PAPER FILING ONLY

Statement	of l	Loans	Red	havian
Similaria		LOZIN	RE	cerveu.

D	
Page	

Prescribed by Secretary of State 3/0

			ricscii	ocu by a	ecretary of	Sidile 5703				
Full Name of Committee Re-Elect Becky Stincl	ncomb fo	or Mayor Com	mitte	ee						
From Whom Received Rebecca W. Stinchcomb					Prior Amount \$0.00			Amt. Incurred this Period \$233.34		
Address 1012 Cloverly Dr.			•							Outstanding Balance \$233.34
^{City} Gahanna	St ate OH	Zip Code 43230	Loans Received This Period Date Amount			Payments This Period Date Amour			This Period Amount	
Date Loan was originally Incurred	0 3	0 5 0 7	0 3	3 0	5 0 7	\$ \$49.95	М	D	Y	S
Registration Number, if PAC			м 0 3	3 2 S	3 0 7	\$133.44	M	D	Y	
Employer/Occupation/Labor Organizat Candidate	ion*		м 0 3	3 2 S	0 7	\$49.95	M	D	Y	
From Whom Received							Prior Ar	nount		Arnt. Incurred this Period
Address				•						Outstanding Balance
City	St ate OH	Zip Code	Loans Received This Period Date Amount			Payments This Period Date Amount			This Period Amount	
Date Loan was originally Incurred	М	D Y	M D Y S				М	D	Y	\$
Registration Number, if PAC	- '		М	D	Y		М	D	Y	
Employer/Occupation/Labor Organizat	ion*		М	D	Y		M	D	Y	
From Whom Received					<u> </u>		Prior As	mount		Amt. Incurred this Period
Address										Outstanding Balance
City	St ate OH	Zip Code	Loans Received This Period Date Amount			Payments This Period Date Amount				
Date Loan was originally locurred	М	D Y	М	D	Y	\$	M	D	Y	\$
Registration Number, if PAC			M	D	Y		M	D	Y	
Employer/Occupation/Labor Organizat	ion*		M	D	Y		M	D	Y	
* Required for contributions from the individual's business, if any, r labor organization of which the e	ather than er	nployer should be lis	sted. If	two or	nore emp	loyees contribute via p				•

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

¹ Total prior amount \$ \$0	.00	<i>,</i>	
² Total received this period \$	\$233.34	7	(To Form No. 31-A-2)
³ Total payments this period \$ _	\$0.00		(To Form No. 31-B)
⁴ Total Outstanding Balance \$ _	\$233.34	1 1	(To Form No. 30-A)