

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 Elaine Schlieffer							Registration Number, if PAC		
Street Address 4319 Chesford Rd. Apt 1B				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) paypal	
City Columbus		State OH		Zip Code 43224		M 1		D 0	
						Y 3		Amount \$1.00	
Full Name of Contributor Dirk and Diane Cantrell							Registration Number, if PAC		
Street Address 948 Old Pine Dr.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) paypal	
City Gahanna		State OH		Zip Code 43230		M 1		D 0	
						Y 5		Amount \$25.00	
Full Name of Contributor John Ryzenga							Registration Number, if PAC		
Street Address 335 Schyler Way				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) paypal	
City Gahanna		State OH		Zip Code 43230		M 1		D 0	
						Y 6		Amount \$200.00	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH		Zip Code		M		D	
						Y		Amount	

* 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)]

Page Total **\$226.00**