

FOR PAPER FILING ONLY

Statement of Expenditures

Page _____

Prescribed by Secretary of State 2/01

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|-----------------------------------------------------------------------------------|--|----------------------------------------------------------|--------------------------|---------------|---------------------------|---------------|---------------|---------------|---------------|---------------------------|
| Name of Committee in Full Re-Elect Becky Stinchcomb for Mayor Committee | | | | | | | | | | |
| To Whom Paid Suburban News Publishing | | | | M 0 | D 4 | Y 2 | Y 5 | Y 0 | Y 7 | Amount \$398.00 |
| Address 5257 Sinclair Rd. | | Purpose Print advertising, Gahanna News | | | | | | | | |
| City Columbus | | State OH | Zip Code 43229 | | Check Number 93 | | | | | |
| To Whom Paid This Week Newspapers | | | | M 0 | D 4 | Y 2 | Y 5 | Y 0 | Y 7 | Amount \$519.36 |
| Address 7801 N. Central Dr. | | Purpose Print advertising, This Week Newspaper | | | | | | | | |
| City Columbus | | State OH | Zip Code 43081 | | Check Number 94 | | | | | |
| To Whom Paid City of Gahanna | | | | M 0 | D 4 | Y 2 | Y 5 | Y 0 | Y 7 | Amount \$40.00 |
| Address 200 S. Hamilton Rd. | | Purpose Sign Permit | | | | | | | | |
| City Gahanna | | State OH | Zip Code 43230 | | Check Number 92 | | | | | |
| To Whom Paid City of Gahanna | | | | M 0 | D 5 | Y 0 | Y 2 | Y 0 | Y 7 | Amount \$20.00 |
| Address 200 S. Hamilton Rd. | | Purpose Sign Permit | | | | | | | | |
| City Gahanna | | State OH | Zip Code 43230 | | Check Number 95 | | | | | |
| To Whom Paid City of Gahanna | | | | M 0 | D 5 | Y 0 | Y 4 | Y 0 | Y 7 | Amount \$40.00 |
| Address 200 S. Hamilton Rd. | | Purpose Sign Permit | | | | | | | | |
| City Gahanna | | State OH | Zip Code 43230 | | Check Number 96 | | | | | |
| To Whom Paid | | | | M | D | Y | | | | Amount |
| Address | | Purpose | | | | | | | | |
| City | | State OH | Zip Code | | Check Number | | | | | |
| To Whom Paid | | | | M | D | Y | | | | Amount |
| Address | | Purpose | | | | | | | | |
| City | | State OH | Zip Code | | Check Number | | | | | |
| To Whom Paid | | | | M | D | Y | | | | Amount |
| Address | | Purpose | | | | | | | | |
| City | | State OH | Zip Code | | Check Number | | | | | |