31-C R.C. 3517.10

## FOR PAPER FILING ONLY

Statement	of Loans	Received
Statement	OI LADAIIS	Received

Page	 

Prescribed by Secretary of State 3/05

Full Name of Committee Re-Elect Becky Stincho	comb fo	or Mayor Com	mittee		
From Whom Received Rebecca W. Stinchcomb				Prior Amount \$233.34	Amt. Incurred this Period \$99.90
Address 1012 Cloverly Dr.					Outstanding Balance \$333.24
<sup>City</sup> Gahanna	St ate OH	Zip Code 43230	Loans Received This Period  Date Amount	Payments This Period Date Amount	
Date Loan was	м 0 3	0 5 0 7	0 4 3 0 0 7 5 \$49.95	M D Y	is .
Registration Number, if PAC		<del>-                                    </del>	0 5 3 0 0 7 \$49.95	M D Y	
Employer/Occupation/Labor Organization* Candidate			M D Y	M D Y	
From Whom Received				Prior Amount	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	M D Y S	M D Y	S
Registration Number, if PAC			M D Y	M D Y	
Employer/Occupation/Labor Organization*			M D Y	M D Y	
From Whom Received Prior Amount					Amt. Incurred this Period
Address					Outstanding Balance
City	St ate OH	Zip Coxle	Loans Received This Period Date Amount	Payments This Period Date Amount	
Date Loan was originally Incurred	М	D Y	M D Y \$	M D Y	S
Registration Number, if PAC			M D Y	M D Y	
Employer/Occupation/Labor Organization*			M D Y	M D Y	
* Required for contributions from inc	lividuals o	over \$100 to statewid	e and general assembly candidates. If contribut	or is self-employed, the oc	cupation and the name of

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).

<sup>1</sup> Total prior amount \$	\$23	33.34	<u>~/</u>	
<sup>2</sup> Total received this period	od \$	\$99.90	V	(To Form No. 31-A-2)
<sup>3</sup> Total payments this peri	io <b>d \$</b> _	\$0.00	/	(To Form No. 31-B)
<sup>4</sup> Total Outstanding Balar	nce \$ _	\$333.2	24	(To Form No. 30-A)

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)]