

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

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Re-Elect Becky Stinchcomb for Mayor Committee			
Full Name of Contributor		Registration Number, if PAC	
Scott McComb			
Street Address	Employer/Occupation/Labor Organization*	M	D
230 Barnhill Ct.		0	6
City	State	Y	Amount
Gahanna	OH	2	8
	Zip Code	1	1
			\$500.00
Form (Cash, Check, etc.)			
Check			
Full Name of Contributor		Registration Number, if PAC	
Edwin Savoy			
Street Address	Employer/Occupation/Labor Organization*	M	D
204 S. Front St.		0	6
City	State	Y	Amount
Columbus	OH	2	8
	Zip Code	1	1
			\$2,000.00
Form (Cash, Check, etc.)			
Check			
Full Name of Contributor		Registration Number, if PAC	
Glen Dugger			
Street Address	Employer/Occupation/Labor Organization*	M	D
37 W. Broad St.		0	6
City	State	Y	Amount
Columbus	OH	2	4
	Zip Code	1	1
			\$200.00
Form (Cash, Check, etc.)			
check			
Full Name of Contributor		Registration Number, if PAC	
Debbi McComb			
Street Address	Employer/Occupation/Labor Organization*	M	D
5877 Rolling Pines Dr.		0	6
City	State	Y	Amount
Naples	FL	2	7
	Zip Code	1	1
			\$500.00
Form (Cash, Check, etc.)			
check			
Full Name of Contributor		Registration Number, if PAC	
James Houk			
Street Address	Employer/Occupation/Labor Organization*	M	D
600 Creekside Plaza		0	6
City	State	Y	Amount
Gahanna	OH	2	8
	Zip Code	1	1
			\$100.00
Form (Cash, Check, etc.)			
check			
Full Name of Contributor		Registration Number, if PAC	
Gregory Otey			
Street Address	Employer/Occupation/Labor Organization*	M	D
5118 Canterbury Dr.		0	6
City	State	Y	Amount
Powell	OH	2	8
	Zip Code	1	1
			\$50.00
Form (Cash, Check, etc.)			
check			
Full Name of Contributor		Registration Number, if PAC	
Doug Maddy			
Street Address	Employer/Occupation/Labor Organization*	M	D
6300 Clark State Rd.		0	6
City	State	Y	Amount
Gahanna	OH	2	8
	Zip Code	1	1
			\$200.00
Form (Cash, Check, etc.)			
check			

* 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)]

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

\$5100.00

Total expenditures this event.

\$295.48

Page Total \$ 3,550.00