Statement of Loans Received

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			Prescribed by Secretary of State 3/05		<u></u>	
Full Name of Committee						
Re-Elect Becky Stinchco	mb for Ma	yor Committee				
From Whom Received				Prior Amount	Amt. Incurred this Period	
Rebecca W. Stinchcomb				\$233.34	\$99.90	
Address		· ·	· · · · · · · · · · · · · · · · · · ·		Outstanding Balance	
1012 Cloverly Dr.					\$333.24	
City St ate Zip Code			n.	a This Danied		
Gahanna OH 43230		43230	Loans Received This Period Date Ar	mount Date	Payments This Period Date Amount	
Date Loan was	0 3	0 5 0 7	M D Y S \$49.95	M D Y	\$	
originally Incurred	1013	101011	9 1. 9 9 1.			
Registration Number, if PAC		$\begin{bmatrix} M \\ 0 \\ 5 \end{bmatrix} = \begin{bmatrix} D \\ 3 \\ 0 \end{bmatrix} = \begin{bmatrix} 0 \\ 0 \\ 7 \end{bmatrix} = 549.95$	M D Y			
Employer/Occupation/Labor Organiza	tion"		M D Y	M D Y		
. ,						
From Whom Received				Prior Amount	Amt. Incurred this Period	
Address					Outstanding Balance	
					_	
City	St ate	Zip Code	I D 1 1/01 2 D		TI: D : 1	
	ОН		Loans Received This Period Date As	d Payment mount Date	s This Period Amount	
D 4 1	М	D _i Y _i	M D Y S	M D Y	\$	
Date Loan was originally Incurred						
Registration Number, if PAC	!	<u> </u>	M D Yı	M D Y ₁	+	
Employer/Occupation/Labor Organization*		M D Y	M D Y			
From Whom Received				Prior Amount	Amt. Incurred this Period	
From whom Received				rno Amoun	Ain. Incurred this remod	
Address					Outstanding Balance	
City	St ate	Zip Code	1		The part of	
	ОН]	Loans Received This Period Date A	mount Date	ts This Period Amount	
B	M	D Y	M D Y S	M D Y	\$	
Date Loan was originally Incurred						
Registration Number, if PAC	ì	1 1 1	M D Y _t	M D Y	+	
5 -,						
Employer/Occupation/Labor Organization*			M D Y	M D Y		
the individual's business, if any,	rather than en	nployer should be li	te and general assembly candidates. I sted. If two or more employees contri- ust also appear. [R.C. 3517.10(B)(4)	bute via payroll deduction and exce		
			Balance" space. Transfer total of a ade in this period to the Statemen			
Balance to the Cover page (Fo			ade in this period to the Statemen	ног ехрепанитея (готт №. 31	-D). Transter Outstanding	

1 Total prior amount \$ \$233.34		
\$99.90	(To Form No. 31-A-2)	
\$0.00	(To Form No. 31-B)	
\$333.24	(To Form No. 30-A	
	\$99.90 \$0.00	