

# FOR PAPER FILING ONLY

## Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Re-Elect Becky Stinchcomb for Mayor Committee</b>							
Full Name of Contributor <b>Robert C. Stinchcomb</b>						Registration Number, if PAC	
Street Address <b>1012 Cloverly Dr.</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Cash</b>	
City <b>Gahanna</b>		State <b>OH</b>	Zip Code <b>43230</b>		M <b>0</b>	D <b>3</b>	Y <b>07</b>
						Amount <b>\$50.00</b>	
Full Name of Contributor <b>Michael S. Carder</b>						Registration Number, if PAC	
Street Address <b>1312 Windtree Ct.</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>New Albany</b>		State <b>OH</b>	Zip Code <b>43054</b>		M <b>0</b>	D <b>3</b>	Y <b>07</b>
						Amount <b>\$500.00</b>	
Full Name of Contributor <b>Gerry Bird</b>						Registration Number, if PAC	
Street Address <b>4063 Herald Square</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Dublin</b>		State <b>OH</b>	Zip Code <b>43016</b>		M <b>0</b>	D <b>3</b>	Y <b>07</b>
						Amount <b>\$100.00</b>	
Full Name of Contributor <b>Brad Yates</b>						Registration Number, if PAC	
Street Address <b>15 Clairedan Dr.</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Powell</b>		State <b>OH</b>	Zip Code <b>43065</b>		M <b>0</b>	D <b>3</b>	Y <b>07</b>
						Amount <b>\$1,000.00</b>	
Full Name of Contributor <b>Suzanne Edgar</b>						Registration Number, if PAC	
Street Address <b>634 Morning St.</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Worthington</b>		State <b>OH</b>	Zip Code <b>43085</b>		M <b>0</b>	D <b>4</b>	Y <b>07</b>
						Amount <b>\$350.00</b>	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 **\$2,000.00**