

# 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 Tapinder Singh				Registration Number, if PAC	
Street Address 1288 Bayboro Dr.		Employer/Occupation/Labor Organization*		M   D   Y 0   6   2   8   1   1	Amount \$100.00
City New Albany		State OH	Zip Code 43054	Form (Cash, Check, etc.) check	
Full Name of Contributor Thomas Eckl				Registration Number, if PAC	
Street Address 636 Waybaugh Dr.		Employer/Occupation/Labor Organization*		M   D   Y 0   6   2   8   1   1	Amount \$100.00
City Gahanna		State OH	Zip Code 43230	Form (Cash, Check, etc.) Check	
Full Name of Contributor <del>Scott McComb</del> *				Registration Number, if PAC	
Street Address <del>230 Barnhill Ct.</del>		Employer/Occupation/Labor Organization*		M   D   Y <del>0   6   2   8   1   1</del>	Amount <del>\$500.00</del>
City <del>Gahanna</del>		State <del>OH</del>	Zip Code <del>43230</del>	Form (Cash, Check, etc.) <del>Check</del>	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)	

\* 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

\* IN THE ORIGINAL  
PRE-GENERAL  
CAMPAIGN FINANCE  
REPORT, THIS DONATION  
WAS REPORTED TWICE.

Total expenditures this event.

295.48

Page Total \$ 200.00  
-700.00