

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 Jeffrey Kerr				Registration Number, if PAC	
Street Address 2840 Shady Ridge Dr.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 28
City Gahanna	State OH	Zip Code 43230	Amount \$50.00		Form (Cash, Check, etc.) check
Full Name of Contributor The Matney Group LLC				Registration Number, if PAC	
Street Address 155 Marrus Dr.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 28
City Gahanna	State OH	Zip Code 43230	Amount \$50.00		Form (Cash, Check, etc.) check
Full Name of Contributor Nancy Maddy				Registration Number, if PAC	
Street Address 164 Misty Oak Pl.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 28
City Gahanna	State OH	Zip Code 43230	Amount \$150.00		Form (Cash, Check, etc.) Check
Full Name of Contributor Gerry Bird				Registration Number, if PAC	
Street Address P.O. Box 3274	Employer/Occupation/Labor Organization*		M 0	D 6	Y 30
City Dublin	State OH	Zip Code 43016	Amount \$100.00		Form (Cash, Check, etc.) Check 0
Full Name of Contributor Stephen Henson				Registration Number, if PAC	
Street Address 5404 Grand Ridge Dr.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 28
City Galena	State OH	Zip Code 43021	Amount \$50.00		Form (Cash, Check, etc.) Check
Full Name of Contributor Donald Gorman				Registration Number, if PAC	
Street Address 319 Morgan Lane	Employer/Occupation/Labor Organization*		M 0	D 6	Y 24
City Gahanna	State OH	Zip Code 43230	Amount \$200.00		Form (Cash, Check, etc.) check
Full Name of Contributor Wiles, Boyle, Burkholder, Bringardner Co., L.P.A. PAC				Registration Number, if PAC	
Street Address 300 Spruce St.	Employer/Occupation/Labor Organization*		M 0	D 2	Y 7
City Columbus	State OH	Zip Code 43215	Amount \$250.00		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

5100

Total expenditures this event.

\$0.00

295.48

Page Total \$ 850.00
