

FOR PAPER FILING ONLY

Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full Re-Elect Becky Stinchcomb for Mayor Committee									
Full Name of Contributor G. Scott McComb						Registration Number, if PAC			
Street Address 230 Barnhill Ct.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Gahanna		State OH	Zip Code 43230		M 0	D 8	Y 2	Y 2	Amount \$125.00
Full Name of Contributor Tiney McComb						Registration Number, if PAC			
Street Address 6905 Clivdon Mews			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City New Albany		State OH	Zip Code 43054		M 0	D 8	Y 2	Y 2	Amount \$500.00
Full Name of Contributor Thomas Mosure						Registration Number, if PAC			
Street Address 2221 Shrock Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43229		M 0	D 8	Y 2	Y 2	Amount \$400.00
Full Name of Contributor Douglas Godard						Registration Number, if PAC			
Street Address 2030 Cambridge Blvd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Upper Arlington		State OH	Zip Code 43221		M 0	D 8	Y 2	Y 2	Amount \$250.00
Full Name of Contributor E.E. Maddy						Registration Number, if PAC			
Street Address 164 Misty Oak Pl.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Gahanna		State OH	Zip Code 43230		M 0	D 8	Y 2	Y 2	Amount \$50.00
Full Name of Contributor Mark Schroeder						Registration Number, if PAC			
Street Address 247 Hideaway Ct.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Powell		State OH	Zip Code 43065		M 0	D 8	Y 2	Y 2	Amount \$50.00
Full Name of Contributor Gerry Bird						Registration Number, if PAC			
Street Address 4063 Herald Sq.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Dublin		State OH	Zip Code 43016		M 0	D 8	Y 2	Y 2	Amount \$100.00
Full Name of Contributor Albert Iacavone						Registration Number, if PAC			
Street Address 207 Vista Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Gahanna		State OH	Zip Code 43230		M 0	D 8	Y 2	Y 2	Amount \$100.00

* 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 **\$1,575.00**